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TYPHOID FEVER VACCINATION.

The following extract from an article on typhoid fever in a recent number of the Journal of the American Medical Association makes us, who are in hospital positions, realize what our responsibility really is in regard to typhoid fever prophylaxis among the nurses and attendants of our schools. "Perhaps the next class in the community which is especially exposed to the danger of contracting typhoid fever includes the permanent attendants on sick people in general hospitals, viz., the nurses, the orderlies and the resident medical staff. It may be fairly said that at present those in authority are liable to be censured if they do not insist on these individuals receiving typhoid fever inoculations, unless it may be those in hospitals where typhoid fever is never treated."

In spite of taking as complete precaution as possible, still from time to time a nurse will develop the symptoms of typhoid fever and be off duty several months, with the added possibility of danger of death always staring one in the face, and adding one more to the many anxieties of the Superintendent of Nurses who cannot always follow up the nurses to see if the technique taught is rigorously carried out.

This year when we had an unusual number of cases of typhoid fever, we decided to give the prophylactic treatment. We did not insist on its being taken, but advised it and set the example. The treatment was given according to army routine, and consisted of three doses given ten days apart.

The vaccine is prepared from attenuated typhoid bacilli which have been killed by heat and have had a small amount of antiseptic added to prevent contamination by aerobic germs. The first dose was 500,000,000 of the bacilli, and the two following consisted of a billion bacteria. These doses were about $\frac{1}{2}$ c.c. given in the arm by an ordinary small Luer syringe; the arm being prepared by swabbing with tincture iodine, and immediately after the injection washing the area off with alcohol.

The reaction varied very much, some felt nothing but a soreness of the arm, others were miserable, had general malaise, and in some cases there was a decided rise of temperature for a few hours, in one case rising to 104 degrees F. with headache, severe backache and aching of all parts of the body.

As I did not know just how ill the nurses might be after the injection, we took them in groups of six or so, following it up by inoculating another group a few days later. In this way the hospital routine work was not disturbed at all. Only two of the forty-five nurses had to go off duty, and then only for one day. In some cases the initial dose was the most troublesome, in others the second and with the rest the third. There seemed no way of telling why the reaction differed so very much with different people. Those who had had typhoid fever

had no reaction except the sore arm. But there were a number who had never had the disease who had the same lack of reaction. The sorest arm was nothing like as sore as a small-pox vaccination usually is, and the little nodule in the centre lasting for a week or two gave no trouble.

As this treatment is comparatively new, the length of time in which one is immune is not known, but it is probably good for several years at least. All the nurses but one were only too glad to accept the treatment and a load of worry was lifted from my mind by the time the last nurse was prepared to face safely the ever present danger of contracting this most dangerous disease.

If we insist on vaccinating our nurses against small-pox, which is comparatively rare, why not be consistent and prevent the weeks of illness by vaccinating them against this far too common danger.

HELEN RANDAL,
Superintendent of Nurses, St. Luke's Hospital,
San Francisco, Cal.

NURSING IN TENTS.

This does not seem a very opportune time to present this subject, but to me it is a convenient time and an idea is easily carried about.

I am writing more particularly to those nurses who are sometimes called to small, unsanitary homes. I have nursed in a number of small villages and in isolated country districts where there were no conveniences and where no member of the family or servant staff (more often there was no servant) had the least idea of antiseptic measures. There are many refined, educated women in these out-of-the-way places, but it is remarkable how little idea even many of these have of precautionary measures such as should be observed in cases of fever, measles, tuberculosis, pneumonia, etc.

The problem of caring for the patient in one of these small homes, to say nothing of protecting the rest of the family against the disease, is indeed one that tries the nurse sorely at times. When a number of small, inquisitive children and swarms of flies add to the difficulties, then the nurse finds herself wondering if, in spite of her work and care, circumstances will not prove too much for her.

In one village where I nursed I found this problem could be solved by moving the patients into tents. In the hot summer time the tent was shaded by a second canvas stretched above it or by boughs, board screens or the north side of some tall building. Mosquito netting stretched across the front or entrance of the tent keeps out the flies. The tent, though very hot at mid-day, is very comfortable at all other times. Having the patient in the fresh air, away from the continual heat, noise and distractions of a small home is a great benefit to patient and nurse, while the removal of the source of contagion is a like benefit to the family.

I have usually found people very willing to buy or borrow a tent and I have invariably found that the patients enjoyed tent life.

Two months ago I had three tents pitched in a small village. In one I had a tuberculosis patient, my own tent was pitched near, while a short distance away, was the tent of a diabetic patient. Both patients gained strength rapidly and

both assured me they enjoyed the open air life and found their illness less irksome than they would have done had they been confined to a room indoors. I was a stranger in the village but the doctor for whom I was nursing told me that all three tents had been loaned him by those interested in his patients. He told me he was buying one of those tents and one or two new ones in order that he may carry on the same open air treatment next summer.

Open air treatment has long been recognized as the proper one for tuberculous patients and I think a time is coming when we will realize that it is a very great benefit in many other diseases as well.

MARGARET LAMB.

THE NURSES' SOCIAL UNION.

In 1909 a meeting of ladies, professional and otherwise, was held in a country town in the west of England, to consider what could be done to lighten the lives of district nurses in country places; and to bind together all those who were at work in any way in the neighborhood in some sort of league for work and recreation. This was the beginning of the "Nurses' Social Union," which has lately issued its second annual report and bids fair to become a great and useful organization.

It calls itself an association under the special guidance of all branches of the nursing profession to promote social health and welfare. The objects it aims at are far reaching. "To keep nurses in touch with other social workers, and with the new development in their own and kindred callings; (2) to foster a true sense of citizenship among nurses and to utilize more completely their special knowledge, experience and opportunities for the welfare of the community; (3) to promote co-ordination in nursing work by mutual help and understanding, and to enable nurses to lay before an organized body the questions that concern them; (4) to afford occasions for meeting fellow-workers and for recreation; and (5) to hold up a high ideal of work and thought."

The methods by which it is hoped to attain these objects are varied, and, above all, practical. Lectures are given to the members by medical men, sanitary inspectors, poor-law authorities, social workers and other experts; visits are arranged to museums and special and other hospitals. It is hoped that in time courses of post-graduate lectures and training may be added. Help is afforded to nurses who are acting as health lecturers by the loan of diagrams and nursing appliances, and the publication of simple leaflets on the subject of hygiene. Provision is also made for the sale of cheap hygienic feeding bottles and tooth brushes.

The Union owns an extensive library of professional books and papers which are at the service of the members on the payment of a small fee; and even more useful than this are the open air shelters which are owned by some of the branches of the Union, having been provided for the use of phthisical patients by voluntary subscriptions collected by the members. It is felt that these shelters may often arrest the disease in its early stages and enable the patient to have the necessary treatment while waiting for a bed in a sanatorium; or again, they may enable patients who have returned from sanatoria

to continue open air treatment. But, even more urgently than all, the shelters prevent cases of tuberculosis from being a source of infection to others who are living in cottages without facilities for separate sleeping accommodation. Information as to the shelters may be obtained from Miss Joseph, Holford, Bridgewater, England, the honorary County Organizer.

The social side of the Union is much appreciated by the members. Garden parties, pastoral plays, in and out-door concerts have figured on the year's programme, and every meeting of whatever sort is wound up with the inevitable cup of tea. All this brings the scattered members into touch with each other, and tends to make the lonely ones feel that they are less alone in their aims and attempts.

For the Union is not intended for only one class of nurse; it is sufficiently elastic to adapt itself to varying needs and circumstances. Its foundation is this: the knowledge that the nursing profession stands alone in its opportunities for good. "The nurse has no walls to break down before she enters the stronghold; she is admitted as a friend where others have to use force or diplomacy. Nurses enter into the very heart of life, they are in close contact with human beings when great suffering or great joy has broken down every barrier. What other profession occupies this privileged position, and how can these opportunities be made the most of?"

To find the answer is one of the main objects of the Union. It urges upon its members the great service which they can render to the state in the prevention of disease. This should be one of the chief functions of the district nurse in particular, she should lose no opportunity of warning in cases of phthisis and infectious disease in general, and also of urging the necessity of consulting a doctor in cases where the sufferer thinks that the symptoms will cure themselves in course of time. Such are women with early signs of uterine cancer, which is so often put down to natural causes, and is neglected till the disease has gone too far for anything but partial removal.

The Central Organizer, Miss Eden, of Kingston Grange, Taunton, has what must be a unique set of lantern slides, to which she is constantly adding in her frequent journeys to the continent. These slides are often on exhibition at members' meetings, and are well worth seeing, as they show pictures of anything connected with medicine or nursing from Egyptian times through the middle ages to the present day. There are illustrations of the baby clothes of many countries and times, copied from old pictures and carvings; surgical operations and bandaging from old illuminated manuscripts; portraits of famous mediæval physicians and accoucheurs; and photographs of the latest devices for modern hospitals and operating rooms.

The amount of work done by this Union is not at all proportionate to, but greatly exceeds, the small cost of running it. The nurses' individual subscriptions are very small, and though there is a little help given by outsiders, yet it is the enthusiastic work put into it by the Central and County Organizers that makes it a success. The Union will be fulfilling its purpose if it makes an increasing number of nurses think and realize what are their duties and opportunities for serving the body politic.

M. N. OXFORD.

Keynsham, England.

THE CANADIAN NURSE EDITORIAL BOARD.

The first Annual Meeting of "The Canadian Nurse Editorial Board," Incorporated, was held at the Graduate Nurses' Club Room, 22 College Street, Toronto, on Wednesday, November 22nd, 1911, at 3 p.m. The President occupied the chair. There were eleven members present. Four letters were read from members expressing regret at inability to attend.

The Secretary in her report reviewed the work of the past year, expressing the appreciation of the Board of Directors for the kind co-operation and assistance of members of the Editorial Board and others in helping "The Canadian Nurse" onward to success. She said further: "Our large Editorial Board is composed of representatives from all parts of the Dominion, but these do not all manifest that interest and co-operation in the magazine which we hope to establish. Many do not realize their responsibility as a representative either to the association which appointed them, or to the magazine. A uniformity of interest should be one of the most valuable assets of our recent reorganization, bringing forth the co-operation of every individual nurse."

Reference was made to the splendid work of Dr. MacMurehy, the first editor, in establishing the journal and giving to it so many years of work, and also to Mr. John Ross Robertson, who had made the incorporation of "The Canadian Nurse Editorial Board" possible.

The Treasurer's report showed the total receipts for the year to be \$405.80, \$30.00 of which was contributed to "The Canadian Nurse" Fund, and the disbursements to be \$332.20, leaving a balance of \$73.60.

The report of the manager, Mr. D. O. McKinnon, showed the receipts from October 1st, 1910, to October 1st, 1911, to be: From subscriptions, \$987.96; advertisements, \$1,764.09; total, \$2,752.05; and the expenditures to be \$2,640.08. (This does not include any salary for Mr. McKinnon, which, so far, has been nil.)

Every member of the Board should try to improve that item—"from subscriptions." The list should be doubled at the very least.

The President gave a short history of "The Canadian Nurse" from its first number in March, 1905, to the present. The story is one of unceasing effort, thoughtful planning, difficulties overcome, work accomplished, but ideals far from realized.

It was largely due to the optimism of the business manager that the Board was able to carry on the work of the magazine when it was dropped by the Acton Publishing Company in January, 1910. The Board is indebted to Mr. McKinnon for his support then and since the magazine has been in his care.

The Canadian Nurse Fund, which has only reached \$30.00, was started with the object of raising at least \$1,000.00 to enable the Board to undertake the entire management of the magazine. "We ought to give our best to our Canadian National Nursing Magazine—it is for the benefit of the profession, it is necessary for the growth and uplifting of the profession, therefore it is worth while."

The President closed her remarks by appealing to every member of the Editorial Board for hearty support for the next year. The strong, united effort of every member of the profession should build up and improve "The Canadian Nurse" and make 1912 the best year in its history.

The election of directors resulted in the appointment of Miss M. E. Christie, Miss E. B. Barwick, Miss L. L. Rogers, Miss E. J. Jamieson and Miss J. McNeill. It was decided that the editor should be a member of the Board of Directors, ex-officio. The President spoke of the need of some form for membership of "The Canadian Nurse Editorial Board" and submitted one to the meeting, which was adopted. One member remarked, "I think we need something like that to act as a spur. If you have a definite thing to do, you will do it, whereas if it is not called to your mind it is forgotten." The forms will be printed and submitted to the representatives for their signatures.

The Directors meet on November 29th at 19 Classic Avenue, Toronto, to appoint officers. Miss L. L. Rogers, 908 Bathurst Street, Toronto, was appointed President; Miss Jamieson, Vice-President; Miss M. E. Christie, 19 Classic Avenue, Toronto, Secretary-Treasurer, and Miss Bella Crosby, Editor.

QUESTION BOX.

The following answers to questions of "Enquirer" in December number have been received:

1. 116 degrees F.

2. Perforation: Being usually fatal in twenty-four hours, all that can be done is absolute rest, application of an ice bag to the abdomen or seminarescous by opium.

Hemorrhage: Ice cold injections may be given; make cold applications over abdomen.

3. Sputum to be collected for doctor's inspection should be perfectly free from water (which is often placed by some nurses in the bottom of the cup with the idea of preventing the sputum from sticking to the bottom) and placed in a clean glass sputum bottle, well corked, and sent out for examination as soon as obtained.

4. Contagious disease: Communication of disease by contact.

Infectious disease: Communication of disease.

Contagious diseases are infectious, but all infectious diseases are not contagious.

Examples: Contagious—Influenza, mumps, measles, epidemic roseola, scarlet fever, small-pox, cow-pox, chicken-pox, typhus, pestilential, relapsing fever, cerebro-spinal fever, diphtheria, cholera (epidemic), glanders, scabies, whooping cough. Infectious—Typhoid fever, syphilis, septicemia, tuberculosis.

5. Measles: a contagious exanthem, characterized by the presence of catarrh of the respiratory mucous membrane and a peculiar eruption coming out on the fourth day.

Partly for the sake of counteracting spread, partly of preventing aggravation of various mucous inflammations by exposure to cold, confine to room, and when possible to bed, until febrile symptoms have subsided. Medicine not generally necessary but partly to promote the excretions and to relieve the irritation of the respiratory mucous surface a mixture containing a small quantity of ammonia with the acetate of ammonia to which add ipecacuanha wine and minute doses of laudanum (very minute in cases of young). Administer frequently. A little black currant jelly may be used and gargle throat with warm milk for

soreness. Purgatives avoided or used with great caution. Diet mainly bread and milk, beef tea. When convalescence is in progress, vegetable tonic and a substantial diet gradually adopted. When eruption is dusky or comes out imperfectly and the patient at the time appears very ill, a warm bath is of service. When patient shows signs of exhaustion, which indicates the malignant form, and when typhoid symptoms are present, stimulants are imperative. Packing with the wet sheet is useful if the patient becomes restless and should be continued one hour or longer, 3-4 times per diem.

When during progress of disease, scales or crusts form upon the skin, their diffusion should be prevented by smearing the surface daily with some form fat. Patient should be isolated as efficiently as circumstances permit.

Room should be well ventilated, agreeable temperature and patient carefully protected from draughts and chills.

Sprinkle floor daily with disinfectant fluid and cleanse curtains, carpets, clothes. All unnecessary articles of furniture removed.

Door kept closed and sheet kept wet with carbolic solution hung outside.

Sputum, vomit, urine, faeces, food left over, emptied into vessel containing solution of carbolic.

Rags used for wiping discharges from nose and mouth burnt.

Crockery and glass placed in carbolic solution, remaining one hour, and then boiled.

Nurse in attendance should, if possible, be such as has already had patient's disease. Hands should also be kept clean, using carbolic acid soap. She should be with patient as much as possible and only leave under proper precaution.

Nurse should have full authority with regard to excluding visitors.

Nurse should see that patient does not mix with rest of family until all peeling of skin has ceased or until all specific phenomena of disease have gone and then patient should be well purified by the use of warm bath and carbolic acid soap.

She should see that clothes have been properly disinfected before being used again.

When sickness has terminated, sick room and contents should be disinfected and cleansed, i.e., spread out and hang upon lines all clothing and bedding, well close the fireplace (if one is in the room) and windows, fumigate for twenty-four hours (ceiling should be whitewashed, paper stripped from walls and burnt); furniture and all woodwork washed with soap and water with a little chloride of lime. Beds, mattresses and articles that cannot be washed should be submitted to a heat of from 210-250 degrees for two hours or more.

A little disinfectant should be kept standing in all sputa cups, urinals and bed pans, ready for use. For this purpose Condy's fluid is best, the efficiency of which has gone when it has lost its color.

The most powerful and rapid of liquid disinfectants is the solution of bichloride of mercury (corrosive sublimate).

Nothing should be worn in the room which may not afterwards be washed or destroyed.

There is nothing small enough to be careless about, even the broom which sweeps the floor should not be used again elsewhere.

While neglecting no possible precaution, try not to create unnecessary alarm. People afraid of infection are predisposed to it by acquiring a nervous condition which renders them doubly susceptible.

Take care of yourself as well as patient. Try to secure rest and nourishing food at regular hours. A brisk walk in the fresh air is the best possible disinfectant for yourself.

Avoid contact with all outsiders and always change clothes upon going out. The hair which cannot be changed should be covered with a close cap.

6. Yes. Strictly isolated.

7. No. A room should be provided for the nurse, so that she would not be obliged to sleep in infected room. When possible there should be two nurses for every such case, that each may get the daily open-air exercise which is so important.

8. Epilepsy: The most constant feature of the first stage of the fit is the sudden onset of *absolute unconsciousness*; pupils oscillate; tongue bitten; invols. Patient is morose and despondent, mistrusts and fears those around him.

Hysteria: Patient, no matter how severe her attack may be, is very seldom totally unconscious and may be easily aroused; tongue not bitten; no invols.; eyelids closed but pupils respond to light: respiration never ceases but is noisy and irregular.

Convulsive seizures are common manifestations of hysteria and may closely simulate the paroxysms of true epilepsy but there is no aura.

9. Acute gastritis: The irritability of the stomach renders the introduction of food in bulk into that organ impossible or undesirable. A little ice may be sucked or ice cold water or milk sipped.

9a. General diet in disease of the heart: All depends. In simple cardiac hypertrophy bodily health should be maintained by the use of wholesome, nutritious, but not too abundant, food, and by the cautious employment of stimulants.

A. C. S., Toronto.

THE PLACE OF APPRENTICESHIP IN VOCATIONAL EDUCATION.

It is a familiar argument with those who support the present methods of teaching nurses, that the problems here involved have no parallel in other kinds of vocational education, and that the general principles which govern the teaching in these other fields cannot, therefore, be fairly applied to the schools of nursing. It is the purpose of this paper to show that the larger problems which confront us in nursing education have been met in one form or another in almost every trade or profession, and that the limitations which we seem to regard as peculiarly our own are indeed inherent in the apprenticeship method of education.

It will be necessary first to inquire how that system originated, what the special influences are which have modified it, and how it has adopted itself to modern conditions and modern requirements in other fields of work and in our own. We will then be able to determine what are its strengths and weaknesses as a method of education.

I use the term vocational to describe those types of education which prepare the pupil for some specific occupation or share in the world's work. It includes

the professional preparation of lawyers, doctors, teachers, etc.; commercial training as bankers, bookkeepers and salesmen; the industrial occupations such as carpentering and plumbing; agricultural specialization and training in the household arts.

The apprenticeship system arose early in the middle ages in connection with the guilds of western Europe, as a means of restricting entrance into the crafts and professions, and of insuring a reasonable standard of efficiency among the members. The apprentice entered into a legal contract with a master, who promised to initiate him into all the secrets or mysteries of his trade or profession, in return for seven years of service, during which time the boy lived with the master and received food, clothing, shelter and education.

As the merchants and crafts guilds became stronger and more unscrupulous in trade competition, apprentices began to be exploited for profit to their masters. Under the repressive measures of Elizabeth's reign, the guilds declined, but apprenticeship remained as the universal method of learning any skilled occupation. Toward the end of the eighteenth century came the introduction of machinery, and the tremendous social and economic readjustment made necessary by the rise of the factory system and the substitution of machine for hand labor. Specialization in industry and the increased demand for cheap unskilled labor gradually led to the abandonment of the old apprenticeship system in most of the trades.

The abuses which accompany any form of apprenticeship have always been fully recognized by those interested in human welfare, by employees and even by employers, but the fact remains, that its gradual abandonment in industry has resulted in the lowering of standards of workmanship and of wages and the rapid multiplication of unskilled laborers. The unions are in favor of the old system for this reason, but owing to the necessities of their organization have not been able to enforce it generally. Under these conditions, it would never be possible to revive the old compulsory system of apprenticeship. Some attempts are being made, however, to meet the very urgent needs of the present industrial situation; by various modifications of the old system with which we will deal later.

Leaving for a moment the industrial situation, we will go back to the history of professional education, and see how the guilds of learning dealt with their problem. Instead of relinquishing their rigid apprenticeship regulations, they seem to have defended them even more vigorously as time went on—Medicine, Law, and to a great extent Theology, retained their strictly certified qualification as a condition of practice, and so reserved a monopoly of trade for a deliberately restricted body. Taking medicine as an example, the prevailing type of training up to fifty years ago was that of apprenticeship. The young student became a resident in the physician's household, where he was taught to compound prescriptions, to bleed, to cup, to pull teeth, to dress wounds, to spread poultices, gather herbs, and perform a great part of the work now divided between the physician, druggist, dentist and nurse.

In the latter part of the eighteenth century some physicians in England and the Continent began to realize that this method of initiation into the art and mystery of medical practice was unscientific and altogether unsatisfactory.

They began to found schools of medicine, with regular courses of lectures and laboratory practice. Two or three such schools appeared in America, but owing to the unsettled state of the country, these were discontinued, and ambitious students were compelled to seek advanced study abroad. Of 3,000 practitioners in America at the time of the war only 500 had any medical or surgical degree.

The early schools of medicine in America were little if any improvement on the apprenticeship systems. Low standards of entrance, short lecture courses, and cheap diplomas, brought into the field thousands of under-educated, inefficient medical jobbers, and to this commercial type, Dr. Flexner assures us, two-thirds of our medical schools still belong.

But though there are many suggestions for improvement in medical education, no one would for a moment think of going back to the apprenticeship system. The wonderful results of modern medicine are the fruit of scientific investigation. The thorough mastery of all these steadily widening fields of medical science could never be attempted by the old method of educational servitude, and the intelligent public in self-defense would strongly oppose any such suggestion.

Much the same story could be told of the development of schools of Law, of Engineering, of Dentistry, etc. In Law, the old method of study in the office of an Attorney is rapidly giving place to the systematic training of the Law School. The testimony of many legal experts goes to prove that under modern conditions it is practically impossible to obtain a satisfactory legal education in an attorney's office. In engineering, the development of machinery, and the competition of thoroughly trained foreign experts, compelled the state to organize and support proper institutions for the scientific study and teaching of the higher mechanical arts. In teaching, the juvenile apprentice teacher, though economical from a money point of view, was long ago proved to be unsatisfactory from every other consideration. We have our normal schools, and schools of pedagogy, supported by the state, as a result. The druggists have practically abandoned the apprenticeship system in its earlier form, not because they did not appreciate the value of practical experience, but because the training, as frequently enforced, was a farce. The training of librarians, which began in a modified apprenticeship system, is gradually being turned over to properly qualified schools. Architects, accountants, secretaries, even journalists, are finding themselves limited by the old hit-or-miss mode of training and are founding special schools or seeking college affiliation as a means of securing more thorough and more systematic instruction.

Thus we see that the tendency in professional education, and indeed in commercial education, in the arts such as music and painting and design, as well as in the industries, is away from the unsystematized toward the systematized form of training and in the professional schools from a maximum of practice and a minimum of theory, toward a minimum of practice and a maximum of theory.

This movement is supported by the most advanced members of the different professions and has been steadily advocated by all their leading organizations. We will try to determine why the old system should have failed under modern conditions.

The form of the indenture has changed somewhat since the time of the guilds, but the main features of a legal contract remain in most systems of apprenticeship. As an example of what may be demanded in such an agreement, I should like to quote an abstract from an old form of indenture still in use by one of the largest manufacturing concerns in the country to-day.

"The said masters reserve the right to terminate this agreement if said apprentice shall refuse to obey their proper commands or shall be found physically unable to attend to his work. . . . During all which time the said apprentice doth covenant and promise that he will serve his masters faithfully, keep their secrets and obey their lawful commands: that he will do them no damage himself nor see it done by others without giving them notice thereof; that he will not waste their goods nor lend them unlawfully, but in all things behave himself as a faithful apprentice ought to do. He shall conform to and abide by all rules and regulations now in force and hereinafter adopted by his masters for the government of their apprentices. . . . And the said masters on their part do covenant and promise that they will use the utmost of their endeavors to teach or cause to be taught or instructed, the said apprentice in the art, trade or mystery of . . . and he shall receive as compensation when working per week. . . ."

For purposes of comparison, I will quote some typical phrases from the announcements of Schools of Nursing. I have been unable to obtain exact copies of these contracts, but their general content seems to indicate a fairly close adherence to the older indenture form. Such statements were found in less than one-half of the announcements consulted, and I believe the preliminary requirement is being dropped by many of the schools. There is considerable uniformity in the statements—eg.—"Upon being accepted as a pupil nurse the candidate is required to sign an agreement promising to remain for years, to conform strictly to the discipline of the school and hospital, with the distinct understanding that the Board reserves the right to dismiss her at any time for misconduct or inefficiency, or any other reason that may be deemed sufficient." Another reads—"If accepted, pupils are required to sign an agreement expressing their willingness to obey all rules, to be subordinate to authorities governing the same, . . . and to conduct themselves as members of a noble profession." One or two read—"If for any reason of her own, illness excepted, the pupil breaks this agreement, and leaves the school, she is required to refund to it the money expended for her maintenance."

It will be noted from the foregoing that the employers, both in the commercial and the philanthropic institutions, are very careful to define the duties of the pupil toward *them*, but there is little or nothing to indicate what responsibilities they are prepared to undertake toward the *pupil*. In the hospital contracts there seems to be no mention of the hours of labor and educational advantages promised, living conditions or working conditions, nor indeed any limitations as to what may be demanded of the pupil, besides absolute faithfulness and obedience. Most of the announcements carefully state that the money allowance (where such is given) is not to be regarded as a wage, the education received being considered full equivalent for the pupil's services. As Paley tersely puts it, "Learning is their hire." In the majority of these announce-

ments, no definite schedule of lectures and classes is given, so there is no way of measuring these educational advantages, and even if the lectures are according to schedule, there is no assurance given that the students will all have the opportunity of attending them, or that they will have time and strength to prepare for and profit by them.

Judging from the facts presented, in all these types of training, the apprenticeship system may be indicted on the following charges:

1. It is *unjust* and *undemocratic* in that it places the pupil absolutely at the mercy of the employer, with little or no possibility of redress in case of exploitation or dismissal, and with the promises of educational or other remuneration so vague and illusive that it is impossible to fix any definite responsibility on the employer. The training of the pupil is made secondary to the urgent working needs of the business or the institution.

2. The system is *uneconomic*. The period of apprenticeship is often much longer than is justified by the character of the work done. The apprentice is often set at quite irrelevant tasks, running errands, routine cleaning up or simple household drudgery. He may be put at a single piece of work for months where a week would be sufficient to master the technique. He deliberately loafs away long periods of time that might be profitably employed if only he had proper direction. Worse than this loss of time, he gets into bad habits of work, turns out a poor kind of product, wastes valuable materials and limits the efficiency of the whole plant. Where this period of unintelligent work involves human life and safety, the exact cost cannot be computed, but comparative statistics and the testimony of various authorities place the blame for most of the railway accidents, and the high mortality in connection with mining and other industries, to the inexperience and ignorance of employees trained by the apprenticeship system.

In an article on Railroading by Dr. W. T. Barnard, written in 1886, he reviews some of the results of the old "rule-of-thumb" training in the railroad service, and concludes "That the lives and property of the public should be entrusted to men of such limited intelligence painfully illustrates the recklessness and indifference to public duty that characterize our age and country."

3. The third criticism of the apprenticeship system of training is that it is *uneducational*. The master or employer might indeed promise to teach his trade or profession, but there is no guarantee that he is qualified to teach, or that he does himself teach the pupil. He would satisfy all obligations if he states that he has tried to instruct the apprentice in the whole or a part of the trade. Under the factory system, the employer or his representative is engaged in the administrative side of the work and cannot follow the apprentices closely; the foremen are not paid for teaching and they do it grudgingly and often badly. The whole object of the commercial plant is to secure the greatest possible output at the smallest expense, in the shortest time, and so instead of starting at the simplest and most fundamental processes and proceeding to the more complicated in a systematic and logical way, the boy is pitchforked into the place where he is most needed. If he gets hold of the trick of the tool or the machine, and turns out a fair product, at a good rate of speed, the temptation is almost irresistible for the foreman to keep him there indefinitely. The result is a narrow specialization at the expense of all-round intelligence and training.

(To be Continued)

THE SCHOOL NURSE

The Canadian Public School Nurses' Association was organized in January, 1911, with Lina L. Rogers, R.N., Superintendent of School Nurses, Toronto, as President; Ella J. Jamieson, Vice-President, and Nellie Hatch, 33 Dundonald Street, Toronto, as Secretary-Treasurer. These officers, with A. M. Robertson and Amy Killaly, form the Board of Directors. The object—to promote the best standards of health among school children and to establish friendly relationship and unity among all school nurses—is a worthy one and will enlist the interest of every school nurse. The Association wants to get into close touch with every school nurse in the Dominion of Canada. The Association meets once a month to discuss questions pertaining to the work of school nurses and to learn what is being done in other countries. Papers are read and discussed. Ways and means are devised for raising funds to assist the needy children found in the schools. The Association has undertaken to furnish a dental clinic for the children in Toronto, and, to raise funds for this, held a dance last June. Will every school nurse in Canada write to the Secretary and secure a copy of the constitution and be enrolled as a member of the Canadian Public School Nurses' Association. It needs your help and co-operation and it may help you. The Association has decided to make "The Canadian Nurse" its official organ.

Dr. Doherty, Dental Inspector of the Medical Inspection Department, Toronto, is preparing a splendid exhibit for use in the schools. It is designed to show how teeth are affected by disease and general conditions. It will prove an important educational feature.

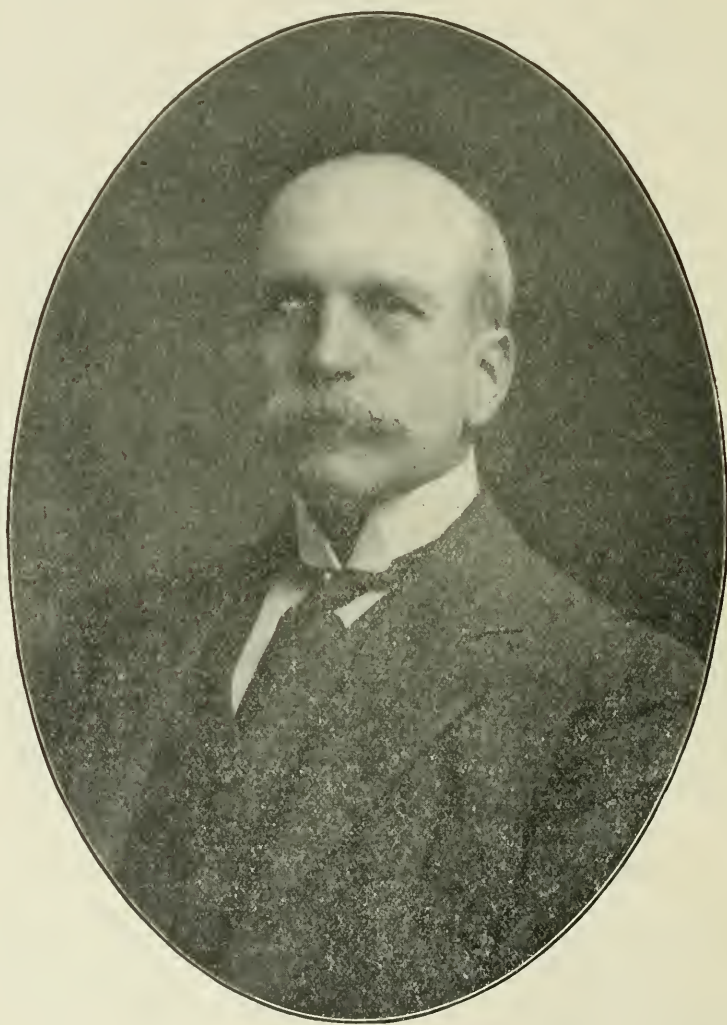
BREATHING AGAINST TUBERCULOSIS.

The superintendent of the Oakland, Cal., schools has introduced into his schools a system of breathing exercises which has produced in some cases an expansion of six and even seven inches, and the general average of lung expansion has been greatly increased. Doubtless this will render these young people less susceptible to the inroads of the dread disease.

TEAM WORK IN HEALTH CAMPAIGN.

Dr. Rucker, health officer of Milwaukee, has struck the keynote in his organization of "health bands" among the children for the cleaning of back yards and alleys. This campaign will be an excellent education for the children, and, if followed up, it will have an educative effect upon the older folks. The more the health officer can stimulate the non-official classes—the plain citizens, old and young—to take an active interest in a campaign for cleanliness, decency and health, the more efficient will be his work.

Dr. Rucker speaks of his bands as "boy scouts who have something to do." A Milwaukee citizen confessed to the doctor that he was never more ashamed in his life than when a member of this band knocked at his door and informed him respectfully that his garbage barrel needed a new cover. The cover was promptly obtained and installed.



JAMES F. W. ROSS, M.D.

DIED NOV. 17, 1911

THE DOCTOR DIED.

Hundreds of Canadian nurses who read these words at home or abroad will think of Dr. J. F. W. Ross, the skilful surgeon, the kind, honorable, upright man, the thorough, conscientious, successful operator.

“As a guest who may not stay
Long and sad farewells to say
Glides with noiseless steps away.”

“Of the sweetness and the zest
Of thy happy life possessed,
Thou hast left us at thy best.”

And that is something, too. Hard as it is to lose him from Toronto General Hospital, from the University of Toronto, from Canada, from the medical profession, from the Academy of Medicine, from his loving and beloved and singularly happy and charming family circle of whose agonizing grief we may not even speak, we can yet say, not without affectionate pride and thankfulness: “He has left us at his best.”

Scene after scene in which Dr. Ross was the chief figure rises in memory. The old days at the Woman's Medical College and the splendid lectures which he gave there first. Thrilling moments in the operating room when he held in his right hand the patient's one chance for life. And when his work was done that life was saved. A journey on his bicycle carrying his instruments, riding along the railway track over the ties, coming to the house where the patient was who could not be moved and must be operated on instantly. And he not only saved that woman's life, but having regard to her little children and her destitute condition, paid \$6.00 a day for many days out of his own pocket for two special nurses till she was out of danger.

He was good to the poor. Many a foreign woman who could speak no English would come to the dispensary and repeat over and over “Dr. Ross, Dr. Ross.”

Few things endeared him more to us all than the comradeship he always felt and showed. Never came back from a journey far or near without telling us about it. Never passed in silence great public events. “If it's necessary, we'll *all* go,” he said quietly as he prepared to operate the day after disaster came in South Africa and Roberts and Kitchener were ordered to the front. And he is gone. We must all go.

Gallant to the last, he bade those who came to his aid take the chauffeur first, thinking as Sir Philip Sidney, “Thy necessity is greater than mine.”

“Don't say anything about it,” were his last words to the writer, the night before the accident, as he said good-bye with his own kind smile. And we can't say anything about it. Nothing but poor words. The doctor lived—and the doctor died. God be thanked for his life, for all the good he did, for all the kindness he showed.

Sic itur ad astra.

H. M.

A HAPPY NEW YEAR.

The Canadian Nurse wishes its readers, every one, a very happy New Year.

THE CANADIAN NURSE.

Our readers will be interested in the report of "The Canadian Nurse" and its financial position which appears on another page. And every one will at once agree that that is not the best that can be done by Canadian nurses. But do not stop there. Ask yourself the question, "What can I do?" Every nurse can help to increase the subscription list. It should be doubled at the very least. Then, just to show you are in earnest, send us one new subscriber, more if possible. Let every nurse make the improvement of our national magazine a personal matter. Make 1912 the best year in its history. The strong, united effort of the profession can accomplish this. But that means each nurse doing her part, for, you know, the whole is not complete without every part.

Lady Herbert passed to her rest on November 17th at the ripe age of ninety years. She was one of the outstanding figures of the Victorian era and had a most interesting career, but nurses will remember her best for the part she played in assisting her husband to send Florence Nightingale to the Crimea. Lady Herbert had been deeply interested in the hospital for poor ladies founded by Lady Canning and knew Florence Nightingale and her work and recognized her capabilities to meet the crisis and bring order out of chaos. During all the time that "The Lady of the Lamp" labored so assiduously and effectively in the East, Lady Herbert supported her in every possible way.

The International Nurses' Library, 431 Oxford Street, London, England, is gradually being made complete. Complete files of all the nursing journals are being added one by one. Any nurses visiting London should not overlook the library. Mrs. Stubb, the librarian, will be glad to see you.

LIBRARY FOR THE BLIND.

Last spring a brief article on the Canadian Free Library for the Blind appeared in these columns. The C. F. L. B. now occupies quarters at 105 Annette Street, Toronto, Ont.

This library is attempting to reach and benefit all the blind of Canada, but it is encountering serious obstacles in the realization of this hope from the difficulty in securing names and addresses of those without sight, from the necessity of canvassing for funds to defray the expenses of maintenance. The Board of Management therefore requests all readers of this journal who are acquainted with blind persons not now enjoying the benefits of the library, to send in such names and addresses to the Secretary, S. C. Swift, 8 Washington Avenue, Toronto, Ont. It also makes a direct appeal to the generous Canadian public to contribute, at this joyous season, some small portion of the wealth with which it has been blessed during the past year. All contributions should be sent to the Treasurer, E. W. Hermon, Esq., 37 Balmuto Street, Toronto, Ont.

CONTAGION.

The theory of contagion only by contact which has revolutionized the ideas of many with regard to contagious diseases, seems bound to be itself set aside when we read of the wonderful results obtained by Dr. R. Milne, Medical Officer of Dr. Barnardo's Homes and Hospitals for thirty years. *The Nursing Journal of India* for October and November quotes at length from Dr. Milne's book, "Home Treatment and Prevention of Scarlet Fever." He says: "For twenty-five years I have used eucalyptus oil. For the first four days I have it rubbed in *all over* the body from the crown of the head to the soles of the feet twice a day, then once a day until the tenth day of the disease. The aroma fills the room. It greatly modifies the throat and kidney trouble; ear and nose complications I have not known. The tonsils, however, I always swab with one in ten carbolic oil every two hours for the first twenty-four hours. This greatly relieves the pain and enables the patient to swallow. On many occasions I have kept a child in a room with from six to twenty other children without any infection spreading. More recently the patient remained the whole time in a room occupied by twenty-four others, all under ten years of age."

Dr. Milne advocates similar treatment in cases of measles. "The great difficulty is the infectious nature of the malady before any signs are definitely manifest. When, however, the eucalyptus oil is used at the earliest possible moment, I have found that it has entirely stopped the epidemic spreading. When such a case has occurred I have kept the aroma of the oil in the rooms and had a little sprinkled on the beds day by day, as well as on a handkerchief at the chest of the children. This has, I have found, entirely limited the epidemic to at most one or two cases who had been playing with the first child on the attack coming on, while in many instances it has cut the epidemic short."

All will want this book which "reads just like a story" and we hope soon to be able to announce the publisher's name.

Reference was made in the November number of *The Canadian Nurse* to the Child Welfare Exhibit, to be held in Montreal in October, 1912. Dr. Anna Louise Strong, a charming woman, with a wonderful personality, addressed a large and enthusiastic audience on Wednesday, November 29th, telling of the wonderful effect of the exhibit in Chicago, New York, St. Louis and other cities. Several stories were told by her of the effect the lessons taught by the exhibit had, even on little children six and seven years old. One little mite announced when she grew up, she was going to have six healthy children and live near a playground. When asked how she knew they were going to be healthy, she replied: "Didn't I say I was going to live near a playground." The fresh air idea was planted in her mind.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

President, Kate Madden, R.N., City Hospital Hamilton; First Vice-President, Mary Ard Mackenzie, R.N., Chief Superintendent Victorian Order of Nurses, Ottawa; Second Vice-President, Jane Craig, Superintendent Western Hospital, Montreal; Treasurer, Louise C. Brent, Hospital for Sick Children, Toronto; Secretary, Alice J. Scott, R.N., 11 Chicora Avenue, Toronto. Auditors—Zeda Young, Mina Rodgers. Councillors—Jane Craig, Mrs. Lyman, M. Y. E. Morton, Mina Rodgers, Mabel F. Hersey, Mary A. Snivley.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss N. J. Burnett, 423 Main St. East; Vice-President, Mrs. A. W. Newson, 87 Pearl St. North; Recording Secretary, Miss D. E. Street, 200 Hughson St. North; Corresponding Secretary, Miss Etta McLeay, Mountain Sanitorium.

Executive Committee—Mrs. Margaret Reynolds, 87 Victoria Ave. S.; Miss Ida Ainslie, 45 Bay St. S.; Miss Bertha Miller, 87 Victoria Ave. S.; Miss Elizabeth Aitkin, 198 Hughson St. N.; Miss E. J. Deyman, 87 Victoria Ave. S.

Regular meeting, first Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss Mannering; Secretary, Miss McElheran, Riverdale Hospital; Treasurer, Miss Fogarty, corner Pape Ave. and Gerrard St.

Sick Visiting Committee, Misses Bishop and Luney; Programme Committee, Misses Stretton, Piggott and Murphy; Executive Committee, Misses Gate, Whitlam, Day and Nicol.

Representatives on Central Registry Committee—Misses Argue and Mannering.

Representative "The Canadian Nurse"—Miss McNeil, 505 Sherbourne St.

Regular meeting, first Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Julia Stewart, 12 Selby St.; First Vice-President, Miss M. E. Christie, 19 Classic Ave.; Second Vice-President, Miss Brerton, General Hospital; Recording Secretary, Miss Janet Neilson, 295 Carlton St.; Corresponding Secretary, Mrs. Aubin, care of J. W. Flavell, Esq., Queen's Park; Treasurer, Mrs. E. M. Feeney, 39 Grove Ave.

Board of Directors—Mrs. Bailey, Miss Field, Miss Florence Ross.

Conveners of Committees—Sick Visiting, Miss Purdy; Registration, Miss Bella Crosby; Social and Lookout, Miss Kilgour; Programme, Miss Tweedie; Central Registry, Miss W. Ferguson, Miss C. A. Mitchell.

"The Canadian Nurse" Representative—Miss Lennox, 107 Bedford Rd.

Regular meeting, first Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President, Miss Connor, 418 Sumach St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Mrs. W. J. Hohlstein, 175 Walmer Rd.; Secretary, Miss O'Meara, 9 Pembroke St.; Treasurer, Miss Thompson, 9 Pembroke St.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Reilly, 9 Pembroke St.; Miss Blaney, 379 Ontario St.

Representatives on Central Registry Committee—Miss Kimmett, 418 Sumach St.; Miss Weyer, 418 Sumach St.; Miss Ryan, 491 Broadview Ave.

Representative "The Canadian Nurse"—Miss Stubberfield, The Home Hospital, 64 Gloucester St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, St. Michael's Hospital.

Regular meeting, second Monday, 3 p.m.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Miss Brent; President, Miss Lina Rogers, 908 Bathurst St.; First Vice-President, Miss M. Ewing, 569 Bathurst St.; Second Vice-President, Miss Clarke, 627 Church St.; Recording Secretary, Miss Hill, 115 Roxborough St. E.; Corresponding Secretary, Miss Teeter; Treasurer, Miss Charters, 425 Carlton St.;

Directors—Miss E. Jamieson, Miss Goodall, 425 Carlton St.; Miss G. Gowans.

Convener of General Business Committee, Miss Ewing, 569 Bathurst St.; Convener of Sick Visiting Committee, Miss G. Gowans, 5 Dupont St.; Press Representative, Mrs. H. E. Clutterbuck, 148 Grace St.; Canadian Nurse, Miss Hill, 608 Church St.; Invalid Cooking, Miss Mary Gray, 505 Sherbourne St.; Central Registry, Miss McCuaig, 7 Bernard Ave.; Miss Gray, 505 Sherbourne St.

Regular meeting, second Thursday, 3.30 p.m.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Rowan, Supt. of Nurses, Grace Hospital; President, Miss Devellin, 505 Sherbourne St.; First Vice-President, Miss A. Carnochan; Second Vice-President, Miss P. Wood; Secretary, Miss I. Sloane, 154 Beverley St.; Assistant Secretary, Miss M. E. Henderson, 434 Markham St.; Treasurer, Miss A. M. Comley, 31 St. Mary St.; Board of Directors—Misses Etta McPherson, Cordingley, Worden, Cunningham and Noble.

Social Committee—Misses Blewett, Stephens and J. H. Russell.

Convenors of Committees: Sick Visiting—Miss Pearen, 434 Markham St. Programme—Miss Hunter, 566 Sherbourne St. Press and Publication—Miss L. Smith, 9 Pembroke St.

Representatives on Central Registry Committee—Misses Knight and Hawley, 71 Grenville St.

Representative "The Canadian Nurse"—Miss Rowan.

Regular meeting, second Tuesday, 3 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, 171 Delaware Ave.

Board of Directors—Misses Pringle, Waddell, Kinder, Hamilton, Griffith, Wilson, and Mrs. Valentine.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Waddell.

The Canadian Nurse Representative—Miss M. S. Wilson, 434 Markham St.

The Association meets every six weeks.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Bell, Lady Superintendent; President, Mrs. MacConnell, 125 Major St.; 1st Vice-President, Miss M. Wilson, 30 Brunswick Ave.; 2nd Vice-President, Miss M. Brett, 27 Irwin Ave.; Recording Secretary, Miss M. Kelly, 254 North Lisgar St.; Corresponding Secretary, Miss L. Bowling, 77 Winchester St.; Treasurer, Miss Mary Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Yorke, 400 Manning Ave.; Miss M. Booth, 30 Brunswick Ave. Registry Committee—Miss E. McArthur, 30 Brunswick Ave.; Miss Anderson.

Board of Directors—Miss M. Brett, 27 Irwin Ave.; Mrs. Yorke, 400 Manning Ave.; Miss E. Hamlin, 30 Brunswick Ave.

Programme Committee—Miss M. Misner, 16 Ulster St.; Mrs. Valentine.

The Canadian Nurse—Miss M. Butchart.

Regular meeting first Friday, 3.30 p.m.

The Guild of



Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.

Chaplain—Rev. F. G. Plummer.

Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.

Chaplain—The very Rev. the Dean of Quebec.

Superior—Mrs. Williams, The Close.

COUNSELS TO NURSES.

By EDWARD KING, D.D.

How blessed the Guild of Saint Barnabas has been in its patrons—has been and is—Bishop King of Lincoln, Bishop Winnington-Ingram of London and Bishop Gore of Oxford! The very names are an inspiration, but consider their keen interest in the Guild and the many words of help and encouragement they have spoken to us and how they have spoken of us with a loyalty and admiration that made us at once proud and ashamed.

I hope every nurse who reads this will get Bishop King's "Counsels to Nurses," read it and lend it to other nurses, but keep it for herself, for there is much to "mark, learn and inwardly digest." It is published by A. W. Mowbray & Co., London, England, in attractive binding and good print and the cost is only fifty cents. This book would surely make a welcome Christmas gift for any Guild member, as it contains the beautiful Christmas letters written annually to the nurses of the Guild. The whole book, indeed, is full (as was its writer) of the very spirit of Christmas—that blessed spirit of love and goodwill—by which

"Draw we nearer, day by day.

Each to his brethren—all to God."

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Miss Mina Rodgers, General Hospital, Niagara Falls, Ont.; Second Vice-President, Mrs. W. S. Tilley, Toronto; Recording Secretary, Miss Ina F. Pringle, 164 Cottingham Street, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss L. L. Rogers, 908 Bathurst Street, Toronto.

Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Mrs. Paffard, 81 Grenville Street, Toronto; Miss K. Mathieson, Riverdale Hospital, Toronto; Miss A. J. Scott, 11 Chicora Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Jean C. Wardell, 97 Delaware Avenue, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss Ewing, 569 Bathurst Street, Toronto; Miss E. R. Greene, 130 Dunn Avenue, Toronto; Miss Butchart, 563 West Bloor Street, Toronto; Miss Jamieson, 23 Woodlawn Avenue East, Toronto; Miss DeVellin, 505 Sherbourne Street, Toronto; Miss Barnard, 608 Church Street, Toronto; Miss Kimmett, 853 Bathurst Street, Toronto.

Convenors of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss A. J. Scott; Press and Publication, Miss L. L. Rogers; representative to The Canadian Nurse Editorial Board, Miss Jamieson.

The G. N. A. O. Executive held its regular meeting at the Graduate Nurses' Club Room, 22 College Street, Toronto, on December 6th at 3 p.m. Nine members were present.

Miss E. R. Greene sent her resignation as Secretary, owing to heavy demands made upon her in her present position. The Committee regretted having to accept her resignation.

Miss Ina F. Pringle, 164 Cottingham Street, Toronto, was appointed Recording Secretary for the remainder of the Association year.

Applications were read from Misses Kingstone and Boulton, Toronto, whose names were added to the roll.

The Calendar Committee reported only 500 calendars sold. As the proceeds are for Registration work, the Committee hopes all the members will assist as far as possible.

The programme for the Annual Meeting, 1912, to be held at Hamilton, was discussed. Any suggestions for papers or subjects for discussion will be gladly received by the Secretary.

The Secretary wishes the correct addresses of Miss E. M. Dodds (Appleton, Ont.); Miss L. Gilmour (G. & M. Hospital, St. Catharines), and Miss M. E. Saulers. Will some one kindly supply these?



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

Established 1895.

Incorporated 1901.

President—Miss Phillips.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison Street.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 75 Mansfield Street, first Tuesday, 8 p.m.

The second meeting and lecture of the year was held on Tuesday, December 5th, at 8 o'clock. An unusually large number of members were present as a special notice had been sent to all members that at the November meeting a resolution was moved that the general fee be \$3.00 a day and for infectious cases \$4.00 per day and that a vote would be taken at this meeting. During the evening votes were cast and the motion passed by a large majority. The change in the fees will go into effect January 1st, 1912.

Dr. H. P. Hill opened his lecture by speaking very highly of the trained nurse and what a help she was to a physician. He also hoped we would be successful in getting Registration, as he knew all doctors were in sympathy with the movement. He then gave a most interesting lecture on "Intussusception: Its Symptoms, Treatment at the Time of Attack and After Treatment." At the first symptoms, irrigations, if used at once, may suffice, but if this treatment does not reduce the tumor, then operation is the only alternative. It was interesting to note that a large per cent. of the cases were in breast-fed infants and more in the male sex. At the close of the lecture a vote of thanks was tendered Dr. Hill and the usual social half hour spent when coffee and cake were served.

The Canadian Nurses' Association extends deepest sympathy to Miss Sutherland, 179 Park Avenue, who lost her mother after a short illness of only three days.

Miss Smarden has been laid up with an infected finger but is on duty again.

Mrs. Sherman, Montreal, has returned from Cornwall, having nursed her sister through a serious attack of typhoid fever.

My Scallop Shell of Quiet

FOR THE NEW YEAR.

These are the gifts I ask
 Of thee, Spirit serene:
 Strength for the daily task,
 Courage to face the road,
 Good cheer to help me bear the traveller's load,
 And, for the hours of rest that come between,
 An inward joy in all things heard and seen.

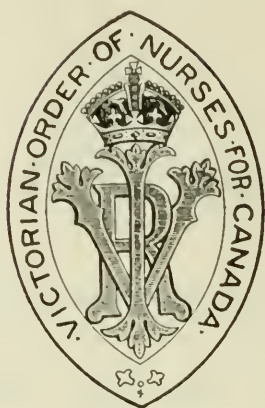
These are the things I prize
 And hold of dearest worth:
 Light of the sapphire skies,
 Peace of the silent hills,
 Shelter of woods and comfort of the grass,
 Music of birds, murmur of little rills,
 Shadow of clouds that swiftly pass,
 And after showers the smell of flowers
 And of the good brown earth,
 And, best of all, along the way, friendship and mirth.

—Henry Van Dyke.

RESOLVE.

To keep my health
 To do my work
 To live
 To see to it I grow and gain and give
 Never to look behind me for an hour
 To wait in weakness, and to walk in power;
 But always fronting onward to the light,
 Always and always facing toward the right.
 Robbed, starved, defeated, fallen wide astray—
 On, with what strength I have
 Back to the way.

—Charlotte Perkins Stetson, in the A. M. & G. Booklet.



"I find that whenever Canadian women come to understand a philanthropic work that should be done, they will come forward and do it, and I feel perfectly confident in leaving the work in the hand of Canadian women." This was the graceful tribute paid to Canadian women by Miss Mary Ard Mackenzie, General Superintendent of the Victorian Order of Nurses, in her address before the Women's Canadian Club at Glencoe Lodge. Miss Mackenzie addressed the club on "The Victorian Order," a subject that is dear to every woman who understands it, and a large audience greeted her, for is not Vancouver one of the oldest branches in that glorious Order? Mrs. MacKay Fripp, President of the club, introduced Miss Mackenzie.

"I think," said Miss Mackenzie, "that when anyone knows the Victorian Order of Nurses they love it. Perhaps the reason for this is founded on such very broad and philanthropic lines, that it must necessarily appeal to all right-minded people. When I made my first trip across the continent, I went back to Ottawa thrilled with the work that was being accomplished by our nurses and committees. The work has all the qualities of a charming personality, strength, sweetness and beauty, and when one once knows it, one can never quite get away from it."

Truly, Miss Mackenzie's comparison is an adequate one, for one of the foremost assets of the Order is strength. Strength to go out and help those who are not able to help themselves, sweetness and beauty in the service, and the manner in which it is given, and all three combined in the Order, and its wide scope. It is a comparatively new order, but because it has met the needs of a new and growing country it has grown rapidly. Up until 1897 there were two classes to care for in Canada, the wretchedly poor and the small wage-earner. When sickness came, the first class was absolutely helpless, and in the latter class, many times very little or no help could be had. Then throughout the great Northwest, in sparsely settled districts, the people were very badly off for medical care. Here was a need to be met. In the year of our late beloved Queen's Jubilee, a happy thought came to Lady Aberdeen, that resulted in the Victorian Order of Nurses. Even in the name is incorporated the synonym of strength, sweetness and beauty, Victoria. The primary object of supplying a district nurse has long been outgrown. In 1900 Lady Minto established the Cottage

Hospital Fund, through which hospitals are placed in many small places. In 1909 the work assumed a threefold object. It was realized that there was still an imperative need in the Northwest. The hospitals were doing a great deal, especially among men in mining and logging camps, but through those districts, with houses miles apart, many women with large families were ill, and unable to leave their homes to reach the hospitals. If the sufferers could not go to Mercy, then Mercy would go to the sufferer. Accordingly there was organized local associations, covering large country areas, perhaps twenty miles square. In these a nurse is located centrally, and comes to be not only a nurse, but a councillor and adviser. This has proven to be the most expensive of any branch of the work, since the nurse must be provided with a horse, and in such districts there are so few, relatively speaking, to bear the expense.

At present there are forty-six branches under the Order. That the work has grown is shown by the fact that last year 3,600 more patients were treated than in the preceding year, while there were 3,000 more visits paid to district patients than previously. There are seven branches of the Order in British Columbia. Miss Mackenzie spoke very highly of our local branch. "Vancouver is one of our good branches," she said. "It is, too, one of our old branches. Your growth has been great, especially during the last year. You have increased your nurses, and have now this splendid new home. You will need more nurses; indeed, I hope great things for this branch. And the beauty of it will be, for you to see it growing swiftly, year by year. I hope that some day we may make Vancouver a training centre for the West."

Other British Columbia branches are at Kaslo, Revelstoke, with a fifty-bed hospital; Arrowhead, a five-bed hospital; Chase, with eight. Victoria branch has been opened about a year and is growing rapidly. A new one has also been opened at Quesnel. The value of a branch in that district is especially apparent, for Miss Mackenzie reports that with the exception of one very inadequate hospital, they are without care.

There are seven branches in the Maritime Provinces and five in Quebec. In Montreal alone they have a permanent staff of forty-six nurses. In speaking of the Montreal branch, she said: "When the women of Montreal undertake anything, they do it well, moreover, they do not wait for new movements to come to them, instead they go out to meet the need." Ontario has fifteen branches, Manitoba four, Saskatchewan three and Alberta four. Training centres are established at Montreal, Ottawa and Toronto.

In closing she said: "In all countries, among women, there is a force that seems to be growing and making for the broadening of philanthropy. Olive Schreiner speaks of the strange new cry, 'Labor and Training that fits Woman for Labor,' and when that cry is answered the work among women will be threefold as magnificent as it has ever been before."

A post-graduate course in district nursing—four months—is given at one of the training centres of the order—Ottawa, Montreal, Toronto, Winnipeg. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa; to the District Superintendent, 29 Bishop Street, Montreal; to the District Superintendent, 206 Spadina Avenue, Toronto, or to the District Superintendent, 145 Sherbrooke Street, Winnipeg, Man.

HOSPITALS AND NURSES.

Miss A. Walsh, graduate Kingston General Hospital, has been appointed Assistant Superintendent of Sherbrooke Hospital, Sherbrooke, Que.

Miss Wickwire, class '10, R. V. H., Montreal, has gone to take the position of Night Superintendent in the General Hospital, Calgary, Alta.

Sister Dunstan, late Night Supervisor of the Ottawa General Hospital, has been transferred to the Champlain Valley Hospital, Plattsburg.

Miss Margaret Spooner, graduate of the Ottawa General Hospital, class '11, has entered the novitiate of the Sisters of Charity, Ottawa.

Miss Waddy, who has been in Fernie, B. C., for the past three months doing private work, has returned to Calgary, Alta.

Miss Morris, graduate of one of Cleveland's best hospitals, has been appointed to the staff of the Fernie General Hospital.

Miss Parker, graduate of Jersey City Hospital, N. J., is in the Winnipeg Isolation Hospital suffering from diphtheria. We wish her a speedy recovery.

Miss Sare, graduate of Montreal General Hospital, class '09, has been appointed Lady Superintendent of Jeffrey Hale Hospital, Quebec.

Miss Webster, Night Superintendent of the Montreal General Hospital, who has been away for a six months' rest, has returned to her duties.

Miss Sylvia Edwards, graduate of the Memorial Hospital, Worcester, Mass., and post-graduate Victorian Order, Ottawa, has been in charge of the London Branch of the Victorian Order of Nurses since April, 1910, and is still in charge. Her assistant at present is Miss M. Spencer.

A letter from Miss Snively is very welcome. Her many friends will be glad to know she is enjoying England and finding the rest and quiet very beneficial. Her address for the winter will be Elmhurst, Swanage, Dorset, England.

The "At Home" given by the Manitoba Graduate Nurses' Association and the General Hospital Alumnae Association under the auspices of the Local Council of Women at the Y. W. C. A. on Tuesday, November 14th, proved a decided success. Mrs. Bond, President of the Local Council of Women, presided, and Miss Ard Mackenzie, Superintendent of the Victorian Order of Nurses, gave a comprehensive address on the needs and plans for Registration of Nurses. "Registration," Miss Mackenzie said, "is a legislative measure which sets definite standards and rules to which a nurse must conform in order to be a registered nurse." The first object in seeking for such legislation is to create some mark to distinguish trained nurses from the untrained. The lack of any uniform course for nurses is another reason why such a law should be passed. There should be a certain, definite training in each department, such as medicine, surgery, obstetrics, dietetics, etc. The nurses realize that they have many difficulties to overcome before this statute is placed upon the books. "The hospitals which are not giving a proper course," continued Miss Mackenzie, "are sure to oppose the Bill, and nurses themselves who are in good standing with the doctors, and get steady work, are apt to be indifferent." Being an educational Bill, it should come under the authority of the Department of Education,

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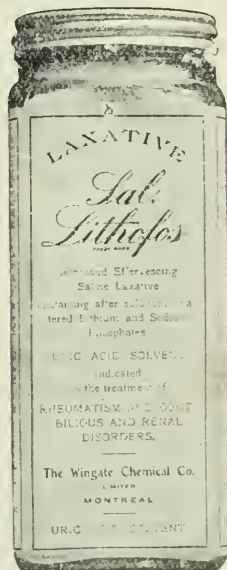
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and must for this reason be a provisional Bill. The length of the course must be at least three years in a hospital with a reasonable number of occupied beds. The curriculum should be well balanced and should include all the different departments. The personnel of council to present the Bill is important, and in it the balance of control should be in the hands of the nurses. It should be the duty of this council to arrange for nurses transferring from one Province to another and to decide on the necessary character qualifications. Miss MacKenzie traced the struggle which the nurses in the United States have had for Registration. Bills have been passed in twenty-eight States. In Great Britain the struggle has been long and Registration not yet secured. In Canada now a Registration Committee is at work. This committee consists of three members from the Society of Superintendents of Training Schools for Nurses, Miss MacKenzie being convenor. One representative is asked for from the National Trained Nurses' Association and two from each Provincial Graduate Nurses' Association.

The Toronto Central Registry Committee met at 569 Bathurst Street on November 6th. There were nine members present. In the absence of the convenor, Miss Gray presided.

Twenty nurses joined the Registry in October. Five nurses have taken hospital positions in Vancouver, B. C.—Misses Fraser and Strofton, graduates of St. Michael's Hospital, Toronto; Miss Weldon, graduate of Toronto General Hospital; Miss Peel, graduate of Orillia General Hospital, and Miss Davy-Brown, graduate of Hospital for Sick Children, Toronto.

Miss A. Mary Roberts, graduate Toronto General Hospital, has been accepted on the School Nursing Staff.

Miss Loggie has accepted the position of Night Supervisor at the Hospital for Incurables, Toronto.

Miss Barbara Goodall, graduate of Hospital for Sick Children, Toronto, was recently appointed to the Staff of District Nurses for tuberculosis patients by the Board of Health.

Miss Florence Findlay, graduate of Brooklyn Hospital, N. Y., has gone to Calgary, and Miss Leitch, an English graduate, to Winnipeg, to do private nursing.

The Treasurer's Report showed 190 calls for October and a balance of \$1,508.67.

Miss Ferguson was appointed convenor for next year and Miss Mary Gray, Secretary.

Peterboro.—The Graduate Nurses of Peterboro assembled in the Y. W. C. A. parlors on the afternoon of November 10th to meet Miss Crosby, who gave an address on Registration for Nurses. A free discussion followed. It was a great pleasure to have Miss Crosby with us again, and all felt the inspiration of her high ideals for the profession. We appreciate the work done and realize that much careful thought and study has been given the subject of Registration. A question as to the best method of organizing all the Graduate Nurses residing in Peterboro led to a suggestion by Miss Crosby that a chapter of the G. N. A. O. be organized. A committee was appointed to consider this step and report at

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The report on the nutritive value of Bovril read before the Annual Meeting of the British Medical Association is attracting wide attention in the medical profession.

The "British Medical Journal" of September 16 devoted some six pages to a detailed account of the recent experiments, in which it was shown that in the case of human beings the body-building power of Bovril was "even more marked" than had been previously shown in the experiments with animals.

A further article has just appeared in the "Medical Times" and that Journal points out that the experiments were originally conducted "with the object of ascertaining whether a certain beef extract (Bovril) supplied to the Government had any nutritive value or not. The results were simply startling."

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next meeting. Miss Crosby was the guest of Miss Dixon, President of the Nichols' Hospital Alumnae Association, while in Peterboro.

The Nurses' Home in connection with the Sherbrooke Protestant Hospital, Sherbrooke, Que., has been refurnished and redecorated throughout. Excellent taste has been shown and every comfort thought of. The Home now ranks among the best. All the private rooms in the hospital have been prettily tinted and, to a considerable extent, refurnished. In the early spring a large and very fine addition will be started. Forty-five thousand dollars have been contributed toward the building fund and the entire amount required is expected before the wing is completed. The Women's Hospital Aid gave a reception for Mrs. Staebler, who was recently appointed Superintendent of this hospital.

The meeting of the Graduate Nurses' Association of Prince Albert, Sask., was held in the Nurses' Home of the Victoria Hospital on November 14th. Mrs. D. W. Adam presided. Five new members were received. The constitution of the Regina Branch was adopted with one or two minor changes necessary to suit a small association. A letter from the Secretary of the Regina Branch asking the Association for ideas on the proposed Bill for Registration was read. After discussion, as there was no other business, the meeting was adjourned.

The graduating exercises of the class of 1911 of the Training School of the General Public Hospital, St. John, N. B., were held on Monday, October 23rd, at 8 p.m. The programme consisted of addresses and musical selections. The opening address was delivered by the Rev. Father Meehan, and Miss Elizabeth Robinson Seovil spoke to the graduating class. Dr. Walker, Chairman of the Training School Board, gave the report of the School and also presented the diplomas. The nine graduates were: Rosa Lillian Bosnia, Belle Bradbury Howe, Mary Harrington Easson, Helen May Carrier, Agnes Anna Flewelling, Emma Ella Barry, Bessie Katherine Snell, Joyce Thompson Wishart and Mary Florence Armstrong.

Miss Mary Lee Hamm, who has had charge of "Harbor View" Hospital, Sydney Mines, C. B., since its opening, resigned her position in June and was married September 5th to Rev. W. H. Gillies, pastor of St. Paul's Presbyterian Church, Glace Bay, C. B. Mrs. Gillies' many friends will warmly welcome her return to the town, where she is remembered as the very efficient and estimable Head Nurse at St. Joseph's Hospital.

Miss J. Calder, of the V. G., Halifax, has been given charge of Harbor View Hospital.

Miss J. E. Cameron, graduate of Massachusetts General Hospital, formerly Superintendent of St. Joseph's Hospital, Glace Bay, has recently been re-appointed and assumed her duties October 1st.

The "Anti-Tuberculosis" Society of Prince Edward Island has engaged Miss Emmeline Stuart, a graduate nurse, to visit country districts and give instructive talks in the different school-houses on "The Prevention of Disease."

Miss Ross, graduate of Royal Victoria Hospital, Montreal, Superintendent of the Prince Edward Island Hospital, enjoyed a two months' vacation when she visited Calgary and other Western cities.

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The following graduates of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., recently accepted institutional positions: Miss Ella Stridde, in charge of mechanical department at Waterbury Hospital, Waterbury, Conn.; Miss Ella Hankinson, as Head Nurse and in charge of mechanical department at Portland Convalescent Home, Portland, Ore.; Miss Hallie C. Cord, as instructor in massage to the nurses in training at the Pacific Hospital, Los Angeles, Cal.

Upon the request of the Director of Public Health and Charities of the city of Philadelphia Mr. Max J. Walter, Superintendent of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., repeats this winter for the third time the course in the theory of massage and gymnastics to the nurses in training at the Philadelphia General Hospital.

The Alumnae Association of Kingston General Hospital held a special meeting on November 3rd to hear Miss Crosby, President of the Graduate Nurses' Association of Ontario, who gave a very helpful and understanding address on legislation and "The Canadian Nurse." We thank Miss Crosby for not passing us by on her journey to a larger place. We cannot all attend the annual meetings of the Association and such visits are a great help in keeping the object of legislation before us. On November 7th the regular monthly meeting of the Alumnae Association was held with a fair attendance. Plans were laid for raising money for the Nurses' Residence, also a discussion on plans for celebrating the twenty-fifth anniversary of the Training School.

The regular monthly meeting of the Ottawa Graduate Nurses' Association was held at the Club, Somerset Street, Monday, November 13th, with a very good attendance. After the routine business was attended to, Dr. Prevost entertained the nurses with selections on the gramophone, his brilliant remarks and thorough knowledge of music adding much to the enjoyment of the afternoon. After the serving of refreshments the meeting adjourned.

A special meeting of the above Association was called for Wednesday, November 8th, to meet Miss Crosby, editor of *The Canadian Nurse*, Toronto. Quite a number were present. Miss Crosby gave a very interesting and instructive talk on Registration, which was followed by a discussion. Refreshments were served and all enjoyed a social hour.

On Saturday afternoon, November 25th, an unusually large number of the members of the Alumnae Association of Kingston General Hospital assembled in the reception room of the Nurses' Home to wish Mrs. Tilley, one of the Association's earliest members, farewell as she is leaving the city.

The President, Mrs. Crothers, gave an address, in which she expressed the Association's deep regret at losing one of its members who had served in all its offices so long and faithfully, and Mrs. Nicol, Vice-President, presented Mrs. Tilley with a handsome leather shopping bag as a token of the regard of the members.

Refreshments were served by the nurses and a social hour was spent.

Mrs. Tilley will be much missed by the members of the Alumnae Association and by her friends in Kingston. The good wishes of the nurses go with her to her new home in Toronto.

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FRED D. WEIDMAN, M.D. (Demonstr. Woman's
College of Phila., Univ. of Penna.)

WM. ERWIN, M.D., (Hahnemann and Rush Med.
Coll.)

LOUIS H. A. VON COTZHAUSEN, Ph.G., M.D.
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Univ. of Penna., Penna. Orthopædic Institute.)

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HELENE BONSORFF (Gymnastic Institute, Stock-
holm, Sweden.)

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On Thursday afternoon, November 16th, Mrs. Clutterbuck, 128 Grace Street, Toronto, entertained the Heather Club of the Hospital for Sick Children, in honor of Miss Marjory Wilson, whose marriage takes place in the near future. A large number of the nurses were present and spent a most enjoyable afternoon. The nurses presented Miss Wilson with a beautiful silver tray.

Miss L. L. Rogers also entertained Miss Wilson and a number of the nurses on the afternoon of Wednesday, November 22nd. Miss Wilson has been an indefatigable worker in the Heather Club and the nurses delight to honor her.

At the meeting of the Alumnae Association of the Royal Victoria Hospital, Montreal, held on the evening of November 15th, the members had the great pleasure of listening to a most interesting paper on Mary Stuart, by Dr. Chipman. There was a large attendance and much appreciation was expressed. A hearty vote of thanks was tendered the lecturer for his kindness in giving the members such a pleasant and profitable evening.

Miss McDiarmid, class '08, R. V. H., Montreal, who has been doing private nursing in New York, was operated on there for appendicitis some weeks ago. We are glad to be able to report that she is so far recovered as to be able to leave the hospital. She returns to her home in Canada, as the doctors advise a complete rest for a time. We trust that she may soon be able to resume the work in which she has been so very successful.

On Friday, September 1st, 1911, the regular monthly meetings of the D'Youville Alumnae Association of the Ottawa General Hospital were resumed after the summer holidays, and all of the members present expressed great sorrow upon learning of the transfer of their honorary President, Sister Mary Alice, from their Alma Mater to the Champlain Valley Hospital, Plattsburg. This feeling of regret existed not only among the nurses in training, but was expressed by the doctors, sisters, graduate nurses and outside friends.

Since the opening of the training school in connection with the hospital, thirteen years ago, Sister Mary Alice has labored zealously in the capacity of Superintendent for eleven years. During this time, seventy-five graduates, including eighteen sisters of charity, have received the diploma of the Training School.

Sister Mary Alice is a graduate of one of the leading American hospitals, and entered the novitiate of the Sisters of Charity, Ottawa, almost immediately after completing her course in training. Possessing a dignified demeanor, and a just and most kind temperament, her natural qualities made her an excellent teacher and friend whom all of the ex and present pupils respect and love. By her unflinching devotion, the Training School and institution in general has made rapid progress, at the present time ranking amongst the finest hospitals and training schools on the continent. Two new wings have been added during the past thirteen years. In 1899 a beautiful eastern addition was erected and in 1908 the new home for the nurses in training was built. In 1910 the whole upper floor of the eastern wing was remodeled into a modern and most well equipped operating room suite, Sister Mary Alice herself purchasing all the paraphernalia in connection therewith. During Sister Mary Alice's regime the Training School has had every advantage of the best teaching and example in

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theoretical and practical nursing and has grown from a small staff of eleven nurses to the present efficient number of fifty-five, all of which bears testimony to the perseverance of a capable Superintendent. But the constant strain produced its telling effects in the health of Sister Mary Alice. To the Mother General of the Order this was a sufficient cause to transfer one of her faithful daughters to a smaller field of labor; hence the mandate which caused universal sorrow throughout the institution, and all of those interested in hospital work who had the pleasure of meeting her. Mother Duhamel sympathized with the nurses and hospital workers and promised that Sister Mary Alice would return when she had thoroughly recuperated. Much as the nurses all miss her, they are reconciled to the absence of their beloved teacher trusting that her health may improve, and all look forward to her speedy return.

At this meeting a resolution of welcome was extended Sister Josaphet, who has been appointed to succeed Sister Mary Alice. Sister Josaphet herself is a graduate of the Ottawa General Hospital, class '03, and for four years previous to her first transfer was Head Nurse on the Woman's floor in her Alma Mater, and is gratefully remembered as a kind teacher by a number of the members of the Association. Previous to her appointment as Superintendent of Nurses here, she held the position of operating room nurse in the General Hospital, Sault Ste. Marie.

Miss E. C. Templeton, Calgary, Alta., leaves the end of the year for a year's visit to Scotland and Cairo, Egypt.

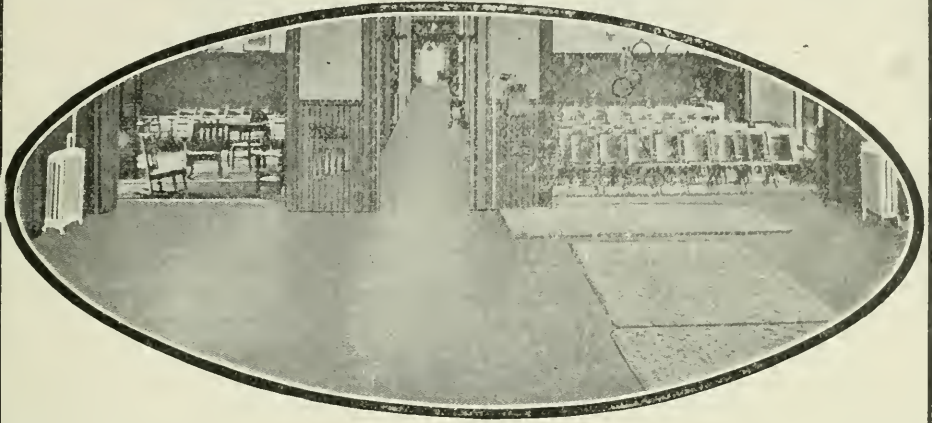
The new General and Marine Hospital, St. Catharines, Ont., was opened on November 23rd by Lieutenant-Governor Gibson in the presence of a large and representative gathering of the citizens. The new hospital is thoroughly up-to-date. President McLaren, who presided, paid a tribute to the ladies who had done so much in raising funds for the hospital. The old hospital will be improved and will be known as the annex. Other speakers were Dr. Bruce Smith, Inspector of Hospitals for Ontario, Mayor McBride of St. Catharines, Ven. Archdeacon Perry and Dr. Mulock. Light refreshments were served and an opportunity given for all to view the hospital.

Victoria, B. C.—The regular meeting of the Victoria Nurses' Club was held on Monday afternoon, December 4th, at the Club Room. There was a fair attendance. One new member was enrolled. Plans were arranged for forming a Provincial Association of Graduate Nurses.

The President, Miss Clarke, read from "The Canadian Nurse" the appeal on behalf of Mrs. Fanny Wilde McEvoy and the Club voted her \$25.

Three dollars was voted for twelve "Sairy Gamp" calendars, as the members wished to buy them. The usual social cup of tea was enjoyed at the close.

Ottawa.—The regular monthly meeting of the O. G. N. A. was held at the Nurses' Home of the Ottawa General Hospital, Water Street, Monday, December 11th, at 3.30 p.m., with an attendance of about thirty members. After the routine business had been attended to, the Rev. Father Sherry gave a short but most interesting talk to the nurses, touching on the possibilities of the profession and appealing to the ethical side. Miss Cravelle, nurse-in-training, contributed several vocal selections and Miss Mae Harris two instrumental solos, all of which



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were much appreciated. Refreshments were served and a most enjoyable hour spent.

The Alumnae Association of Toronto General Hospital held its regular meeting in the Nurses' Residence on Friday, December 1st. There was a large attendance. After the disposal of routine business, the members had the pleasure of listening to a most interesting address by Miss MacDonald, Assistant Superintendent of Nurses of Toronto General Hospital, on her work in Labrador. A most interesting description, charmingly told, made the work of that isolated district very vivid. All felt that indeed Miss MacDonald counted it a privilege to have borne a part in the great work of that wonderful missionary, Dr. Grenfell. Her plea for others to engage in that work will surely not go unheeded.

MARRIAGES.

WALTERS—DARROCH—On November 7th, 1911, at the Olivet Baptist Church, Montreal. Margaret Isabella Darroch, of Paisley, Ont., to Mr. Archibald Walters, of Forest Hill, N. J. Miss Darroch is a graduate of the Montreal General Hospital, class '11.

HAND—BONNYCASTLE—In Campbellford, on November 28th, by the Rev. Mr. Reid, of Toronto. Miss Phyllis Bonnycastle, class '09, R. V. H., Montreal, to Mr. Leslie E. Hand, manager of the Standard Bank, Richmond Hill, Ont.

BRUNET—DANIS—On August 30th, at St. Joseph's Church, Ottawa, by the Rev. F. X. Brunet, cousin of the groom. Corine, youngest daughter of the late Moses Danis, Ottawa, to Dr. Ernest Brunet, Ottawa. Miss Danis is a graduate of the Ottawa General Hospital, class '10.

NEIFING—MacMILLAN—At New York, September 14th, 1911, Miss Mary MacMillan, of Buckingham, graduate Ottawa General Hospital, class '05, to Mr. J. P. Neifing, of New York.

LANG—RYAN—On Tuesday, November 14th, 1911, at St. Ann's Roman Catholic Church, Toronto. Miss Katherine Winnifred Ryan, graduate of St. Michael's Hospital, class '06, to Mr. August R. Lang. Mr. and Mrs. Lang will reside in Berlin, Ont.

Mr. and Mrs. Alexander Dawson announce the marriage of their daughter Sadie to Dr. J. Warren Knepp on November 15th, 1911. Miss Dawson is a graduate of Riverdale Hospital, Toronto, class '06. Dr. and Mrs. Knepp will reside in Roanoke, Virginia.

BIRTHS.

DUNN—At 108 Queenston Street, St. Catharines, Ont., on November 11th, to Mr. and Mrs. Robert L. Dunn, a son (Robert Wallace). Mrs. Dunn is a graduate of G. & M. Hospital, St. Catharines.

McCABE—At the Ottawa Maternity Hospital, September 2nd, to Mr. and Mrs. J. A. McCabe, of Notre Dame de Laus, a son. Mrs. McCabe is a graduate of the Ottawa General Hospital, class '09.

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THE NURSES' LIBRARY.

Sanatoria for the People or the State Campaign Against Consumption, by Charles H. Garland, Chairman the National Sanatorium, Benenden, Kent, England, and Thomas D. Lister, M.D., Hon. Consulting Physician to the Benenden Sanatorium. The Scientific Press, Ltd., 28 and 29 Southampton Street, Strand, London, W. C., England.

This book shows clearly and forcibly the part sanatoria must play in the war against tuberculosis if success is to result. The authors speak with authority because of their unique practical experience in the very work which the National Insurance Bill proposes to undertake on a larger scale.

The book is full of information and should be read by all interested in anti-tuberculosis work.

Una, the journal of the Royal Victorian Trained Nurses' Association, Melbourne, Australia, for August is a most interesting number. The complete report of the annual meeting of the Association is splendid reading. The Association has a system of voluntary registration of nurses, followed for ten years, which ensures the favorable reception by the Legislature of the Bill for State Registration. If this plan were more often followed, the struggle for state registration would be much less difficult and prolonged.

Hospital Management, a handbook for hospital trustees, superintendents, training school principals, physicians, and all who are actively engaged in promoting hospital work. By Charlotte A. Aikens, author of "Hospital Training-School Methods and the Head Nurse," "Primary Studies for Nurses," "Clinical Studies for Nurses." 12mo of 488 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$3 net. Canadian agents, the J. F. Hartz Co., Ltd., Toronto.

Miss Aikens is the author. We need no further guarantee of the practical value of this book. Her long experience as a hospital director and her grasp of the difficulties of successful hospital management make her advice invaluable. All interested in this subject will welcome this volume, which contains a number of original and very instructive illustrations.

Chiropody, Training and Practice, by H. C. Sexton, an English trained nurse, graduate of Dr. Duncan's School of Surgical Chiropody, San Francisco, 1906; Dr. Kahler's Sons' College Surgical Chiropody, New York, 1909. The Scientific Press, Ltd., 28 and 29 Southampton Street, Strand, London, W. C., England.

This little manual gives the experience of the writer as a chiropodist. Nurses should excel in this work because of their knowledge of anatomy and the laws of asepsis. Anyone interested in chiropody will find much valuable information and counsel in this manual.

A Pocket Medical Dictionary. 34,000 medical words pronounced and defined.

By George M. Gould, A.M., M.D. Sixth revised edition. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia. Price \$1 net.

Every nurse needs a good up-to-date dictionary, not the one you got four or five years ago. This one is convenient, reliable and up-to-date.



Let the Suggestion Come from you, Doctor

Sooner or later the no-progress patient is going to consider going away. Friends or relatives may suggest it, or the patient may have a deep desire to get away from the old scenes to some new place where everything is different, and the entire atmosphere conducive to health recuperation.

Why not let the suggestion come from you doctor? Suggest that your patient come to the Battle Creek Sanitarium. Here there is everything which tends to induce an early restoration to health.

By the most thorough system of examinations known, the real causes of ill health are determined. Then follows a method of health rebuilding along strictly scientific lines. Such methods as hydrotherapy, phototherapy, thermomtherapy, electrotherapy, mechanotherapy, dietetics, physical culture, cold-air treatment and health training, all under expert direction.

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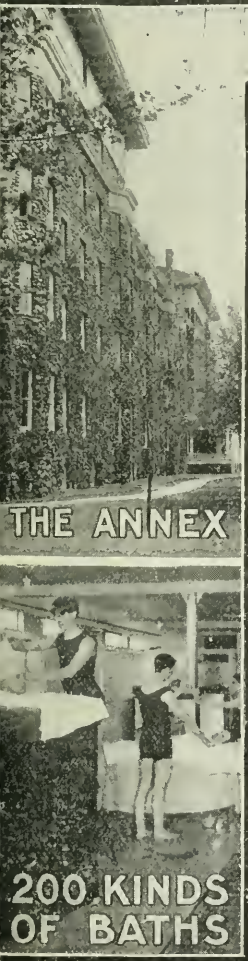
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Dr. Luther Halsey Gulick, director of the Russell Sage Foundation, and formerly director of physical training in the New York Public Schools, has written a noteworthy series of articles on athletics in their relation to health, for Lippincott's Magazine. The first of these, "The Requirements of Healthful Exercise," appeared in the June number. That in July is entitled "Games and Gaugs." It deals with the ever-present Boy Problem, and will prove a revelation to worried parents and harassed teachers. Dr. Gulick's long and varied career in the fields of hygiene and education renders him well equipped for writing on such topics, and the papers may be regarded as authoritative.

"How to Keep Well" is the name of a new department in *The Chicago Tribune*, and Dr. W. A. Evans is the editor. Dr. Evans, Professor of Hygiene in Northwestern University and formerly Health Commissioner of Chicago, is America's greatest authority on preventive medicine. He is one of the two men holding the degree of Doctor of Public Health. This broader field will enable Dr. Evans to further more effectually the education of the public to the possibilities of prevention, and *The Tribune* is to be commended for providing the opportunity.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

War Office, London, S.W., November 16th, 1911.

The following ladies have received appointments as Staff Nurses: Miss M. Hale, Miss E. H. Cole.

Transfers to Stations Abroad

SISTERS.

Miss C. K. E. Steel, to South Africa, from Netley.

STAFF NURSES.

Miss A. B. Nunn, to South Africa, from Cosham.

Miss E. H. Davies, to South Africa, from London.

PROMOTIONS.

The under-mentioned Sister to be Matron: Miss R. Osborne.

E. H. BECHER,
Matron-in-Chief, Q.A.I.M.N.S.

MILITIA ORDERS

Headquarters, Ottawa, October 10th, 1911.

To be Nursing Sister: Miss Gertrude Halpenny, August 30th, 1911.

November 4th. Army Medical Corps.—Nursing Sister Miss Carrie MacLean is detailed for duty to No. 2 General Hospital from October 11th, 1911.

F. L. LESSARD,
Brigadier General, Adjutant General.



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for Invalids*

In times of sickness and ill-health, the natural digestive organs are nearly always deranged, consequently the digestive functions become entirely inadequate.

Failure to digest any food taken into the stomach means failure to supply nourishment when it is most required.

On the other hand, if the digestive system can do any work, it should be given work to the extent of its power, then as strength increases, the digestive organs regain their activity.

The great advantage of Benger's Food is that it can be prepared to give either a carefully regulated exercise of digestion, or almost complete rest, according to the condition of the patient.

Benger's prepared with milk is a complete Food in the form of a dainty and delicious cream, rich in all the elements necessary to sustain life. It is well known to medical men and is approved by them. There is no real substitute for it.

Every lady having the care of an invalid, will learn much that is valuable to know in the new Booklet, just published by the proprietors of Benger's Food: among other things, it contains a variety of dainty invalid recipes, prepared to relieve the monotony of milk diet, which becomes very irksome to invalids. A copy will be sent post free on application to

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PUBLISHERS' PAGE

With the new college year the University of Pennsylvania has established a chair of mechano-therapy and installed a mechanical department at the University Hospital. R. Tait McKenzie, M.D., Professor of Physical Education, has been appointed to fill the new professorship. This appointment well illustrates the importance leading medical colleges attach to physiological therapeutics and should impress the vast army of trained nurses with the necessity of thoroughly studying these branches. The more the medical profession recognizes the value of mechano-therapy the larger is the demand for well-trained operators in this line. The busy practitioner has to rely for this work on the services of the nurse who is specially trained for it. Only a school of high standing, which makes this work a specialty, with an able staff of instructors and an elaborate equipment, can give instruction of the highest standard. The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., offers such courses of instruction to the nursing profession. To keep up with the rapid strides science is making, the courses are constantly improved and broadened and new apparatus installed. Nurses interested in this work are advised to write to the Institute for particulars. The winter classes will open on January 9th and March 12th, 1912.

Many old and tried remedies are just as useful in ailments to-day (with all the new drug compounds) as they were thirty-five years ago, and our nurses know them well. So often they see delicate babies, anaemic girls, boys with hollow chests and spindle legs, and nerveless women in families where there is some one patient under the doctor's care. No better prescription was ever made to put such cases in the health way than Scott's Emulsion of oil and hypophosphites in quickly assimilable form.

The best physicians all over the world prescribe Scott's Emulsion, which is a food-remedy and as such can always be prescribed by a nurse when she sees a suitable case. The preparation contains no alcohol or harmful stuff and is safe to give a baby.

In our time of keen business competition, it is but natural that many trained nurses are looking for fields of activity that offer greater inducements than either institutional or private nursing. While a good many new vocations have been mentioned as suitable for nurses who desire relief from the intensity of nursing duties, all of these would mean a complete change into an unknown profession with uncertain outlook. Is it not far more advisable to engage in a line of work which means merely a specialization in the natural field of the nurse? Physiologic therapeutics offer her this opportunity. Mechano-therapy to-day is being recognized by all medical colleges and institutions, but twenty years hence it will take first place in therapeutics and no nurse's training will then be complete without a thorough course in these branches. The practice of mechano-therapy means pleasant and interesting work with good remuneration. All particulars with illustrated booklet will be sent upon request. Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia.

The Canadian Nurse

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TUBERCULOSIS.

Tuberculosis has been defined as "An infective disease caused by the bacillus tuberculosis, characterized by nodular bodies called tubercles . . . and may finally ulcerate, or in some situations calcify."

This disease is perhaps the most dreaded of all diseases by the nursing profession. A few years ago diphtheria and smallpox were perhaps more to be feared than it, but we have now an anti-toxin for the former, and we vaccinate for smallpox, but tuberculosis is still dreaded by the people as before.

Osler says, "Tuberculosis is the most universal scourge of the human race."

About 10 per cent. of the deaths in the United States are assigned to this disease. In England in one year 58,107 deaths, or a mortality of 11.3 per cent., were caused by the bacillus tuberculosis.

Is it any wonder then, that nurses do not wish to have these cases entrusted to their care?

Geographical position has little influence on the disease, but altitude makes a great difference. In the higher regions of the Alps and Andes the death rate from tuberculosis is very low.

Race seems to be quite a factor on this continent. Russians, Poles and Jews have a lower mortality than the Caucasian. Negroes have a comparatively high death rate in the United States.

Since the germ of tuberculosis was first discovered by Koch in 1880 there has been a gradual diminution in the death rate of consumption.

The bacillus tuberculosis is a short, fine, rod shaped germ, slightly curved, with an average length of about 3M. It is an acid fast bacillus, i.e., it retains a basic aniline dye after being treated with an acid. This characteristic it shares with a few other bacteria, but these are practically never found where the bacillus tuberculosis is, thus the diagnosis is made.

Tuberculosis thrives in some animals, especially in the cow. And it has been proven that a man with consumption can infect the cow, and also that tuberculosis in cattle may cause the disease in the human being.

The danger in advanced pulmonary tuberculosis to the attendant, is that the patient, in coughing, throws off millions of bacteria, in his sputum, in a single day. When this dries it rapidly becomes dust, and is widely distributed. Any one of these millions of bacilli may cause the disease if the culture media is right.

It is possible, but very improbable, that the disease is transmitted directly to the unborn babe. It may occur through the ovum, or directly through the blood stream and placenta. It seems more reasonable to think that the babe is infected after birth by the father or mother.

Inoculation may occur through an abrasion of the skin, but inoculation plays a trifling part in the transmission of tuberculosis in man.

Infection by inhalation is a common way. A belief in the contagiousness of pulmonary tuberculosis has existed for centuries, but it is only within our own time that anything has been proven, and the bacillus isolated.

It has been said, "The consumptive in himself is almost harmless, and he only becomes harmful through his bad habits."

In favor of infection by inhalation may be cited the following:

The primary lesions are usually in the respiratory tract. In nearly every postmortem we find some trace of tuberculosis in the lungs or bronchial glands. But the subject may never have shown any sign of the disease during life.

Special danger exists when the contact is very intimate as between man and wife—in one class of cases, one patient lost four wives in succession from tuberculosis; one lost three, and four lost two each.

There are two chief channels—the tonsil, and intestine—in which infection by ingestion may take place. Each one has its advocates, and there are some cases of tuberculosis which undoubtedly occur through these channels.

What conditions influence the infection?

Certainly the environment is the chief predisposing factor. The cities are full of tuberculosis while the country is comparatively free of it. Sunlight is a powerful agent in destroying bacteria, so any place where sunlight does not reach is more liable to contain the bacillus tuberculosis.

Wet and dampness both lower the vitality and give the germ a chance to grow.

Persons who do not expand the lungs, and those who stoop over a great deal at their work, are very prone to the disease, especially if the person works in a dusty, poorly ventilated room.

Age and sex make little difference to tuberculosis—none being exempt.

Catarrh of the respiratory passages may lower the vitality so much that the germ gains a foothold in what has always been an impregnable castle.

How often we hear, "Oh, he just let his cold go on, and consumption developed."

After measles, typhoid, etc., when tuberculosis develops, it may not mean a new infection, but the blazing of a smouldering fire. The patient has had the bacillus in his body before the acute malady came, but the latter had so lowered the recuperative powers that the tuberculosis blazed forth as never before.

Chronic heart disease (except mitral stenosis), chronic nephritis and cirrhosis of the liver are all said to favor tuberculosis.

Trauma also favors the infection, as in injury to the chest wall, and an injury to the knee may start a tuberculous arthritis.

In adults the lungs are usually first affected, but in children the common sites are in lymph glands, bones or joints.

A typical tubercle is a small nodular spot, in which are found giant cells and leucocytes. It may go on to caseation, becoming softer and spread to the surrounding tissue, or the tubercle may be walled off by nature, and a calcareous spot is all that is left. In this way a regular prison is built by nature around the enclosed bacteria.

Not in every case that the bacteria gets into the human being does tuberculosis develop. When the germ gains entrance to the body the patient may be strong and healthy enough so that the bacilli can not grow—the seed has fallen by the wayside.

In others a lodgment is gained, slight damage done, but eventually the system walls off the disease—the seed has fallen in stony ground.

But in some cases the bacilli meet the required media, they multiply, caseation prevails and eventually the patient is overcome with the disease—the seed has fallen in good ground.

There are many forms of tuberculosis which the pathologist may point out. Our one thought, however, is not the kind of tuberculosis, but rather how to prevent it, or, when our patient has the disease, how to control it.



The Tubercular Sanatorium, St. Catherines, Ont.

Teach the general public the danger of the disease, how it is spread, etc., and the mortality will decrease accordingly. How often we find little children playing with, and even kissing, a person with advanced pulmonary tuberculosis!

The sanitary condition of the slums of our cities must be improved if we would ever stamp out the "Great White Plague."

Spitting in public places must be stopped.

Cities must have sanatoria for the treatment of this dreaded disease, and these places should be in charge of competent officials.

All sputum must be carefully burned, and this, I am sorry to say, is not

always done. The consumptive in many cases thinks only of himself, and you must teach him to be considerate of others.

An infant born of tuberculous parents should be brought up with the greatest care. It should live and sleep in the open air. Special attention should be given to the diet, which should consist of milk and other fatty foods.

The spontaneous healing of tuberculosis is very common. We all know of patients who have been cured. The diseased part is simply walled off by nature.

The open air treatment for this disease may be carried out at home, or perhaps better still at a sanatorium.

If at home a verandah or tent should be fitted up for a bedroom. The patient should not go into the house more than is absolutely necessary, no matter how cold the day. The pure, fresh air is *the* important factor.

Much depends on the digestion in the cure of tuberculosis. It is seldom we see a case with chronic gastritis which is really cured, unless the stomach is first put in order. Eggs, milk, koumyss and beef juice may be given. In fact any easily digested food which contains fat is good.

We do not use nearly as many drugs in the treatment of tuberculosis as were used years ago. Tuberculin has fallen into decline with the profession.

Creosote is often used, but it upsets the digestion. Creosotal m i three times a day in capsules, increased gradually to m x, t.i.d., is still largely used.

Arsenic in the form of Fowler's solution is a splendid tonic, and is used in many cases.

Perhaps the best medicine is cod liver oil given in fairly small doses 1 dr. after meals.

Succinamide of mercury gr. 1-10 per hypo. has been used with variable results.

For patients who are unable to take fatty food, tablets of cellasin may be given. These increase the appetite for fatty food.

Olive oil, 1 oz. p.c. may often be given; this is a splendid substitute if patients are unable to take milk.

The sweating may require atropine, and if the cough is severe morphia may be combined, or counter irritation applied.

The diarrhoea may require bismuth alone, or combined with Dover's powder. Sometimes a small starch enema is very effectual.

It is needless for me to add how careful a nurse should be in handling these cases. The hands should always be made aseptic after attending to a tuberculosis patient. Dipping the hands in 1-2000 solution of bichloride of mercury will not make the hands aseptic. They must be thoroughly cleansed with soap, water and a nail brush, then well washed in the bichloride solution.

The patient should have separate dishes, and these must be boiled for at least ten minutes every time they are touched by the patient.

The excreta should be made sterile with chloride of lime before disposing of it, and the sputum burned.

D. W. CURREY, M.D.

St. Catharines, Ont.

THE PLACE OF APPRENTICESHIP IN VOCATIONAL TRAINING.

(Continued from January)

But even with the fairest treatment in this practical work, there is no reason to assume that the boy understands the principles underlying the operations which he so quickly masters, or that he knows the relation between one part of the process and another. Put him always in the same situation and he will respond automatically—animals can do that—but give him a new problem, and he is at sea. He has no means of interpreting a new situation, because he does not hold the key. In industry as well as in the professions, it is resourcefulness, quickness of adjustment, the intelligent application of principles to new and unusual situations which marks real efficiency. Such initiative and such intelligence is developed only by chance under a system where skill and speed are the primary considerations. The whole tendency in such a training is to render the customary activities mechanical. This means that the reactions are committed to the lower centres of the spinal cord, and that the higher intellectual centres gradually deteriorate from lack of use. This kind of training will produce automatic human machines, but it will never supply alert and intelligent workmen or capable foremen and superintendents. Daniel Webster in his Plymouth oration in 1882 makes this one of the bulwarks of democracy—“Make them intelligent and they will be vigilant; give them the means of detecting the wrong and they will apply the remedy.”

It is said that you can educate no one who is not happy. Certain it is that the doctrine of “interest” is a fundamental one in education. To feel a purpose and a motive in one’s task, to discover new and surprising possibilities even in the simplest procedures, to take an honest pride in the doing of the simplest duties because one sees the relation of these to the great whole—these are not things that come from any hit-or-miss method of teaching; they require time and personality and training. They require concentrated directed effort both by pupils and teacher. Such a live interest and joy in one’s work is rarely formed nowadays in the old type of apprenticeship training.

4. The final criticism is that training through practical participation alone *restricts professional advancement*. The tendency in all such occupations is to do things in set ways, to pass on methods rather than principles, to learn by initiation or by rule rather than by experimentation based on fundamental laws. The result is stagnation. It is said that if work can be done effectively by the apprenticeship system, you have a trade or an occupation as a result. It becomes a profession only when a sufficient body of theory is required, by which practice may be controlled and varied to suit different requirements. A trade is guided by rules and regulations which may be ultimately based on natural laws, but these are not necessary to efficient workmanship. Bricklaying has progressed scarcely at all since the time of the Pharaohs. It is this inelasticity, this “rule-of-thumb” method which distinguishes the trade of carpentering from the profession of architecture, or the trade of blacksmithing from the profession of engineering.

But even in many of the older and more primitive occupations, such as farming, dyeing and weaving, cooking and buttermaking, the simple processes have been entirely revolutionized by the application of recent scientific discoveries

in biology, in chemistry, in physics and other sciences. Modern agriculture has become more than a simple art, it is increasingly a field of applied science. It would be impossible now to pick up incidentally through the practical work of the farm the principles of scientific agriculture. It is the same with butter-making and cheesemaking, with tanning, with brewing and with the household sciences. Because people have realized that the knowledge of science can help them raise better crops, produce better breeds of stock, etc., and make more money, pressure has been brought to bear on the Government and special schools have been organized where the teaching of these sciences can be done thoroughly and effectively. The significant thing is that just in proportion as these homely and often despised occupations get away from the haphazard method of learning through experience alone, they rise in public estimation and attract a serious and intelligent type of students.

So we are adding year by year to the list of honorable occupations till we are now scarcely able to say which are professions and which simply high vocations. The dignity of an occupation depends on the body of sound theory back of it, as well as on the worth of the service which it contributes to human life, and one might safely say that the ultimate value of that service is indirectly proportionate to the intelligence with which the theory is applied.

It was Florence Nightingale who, with her zeal and her culture and her fund of ready scientific knowledge, transformed nursing and raised it from its too general position among the trades to the rank of a profession. She called it an art, "the finest of the fine arts," and likened the training to the long apprenticeship of the painter and sculptor. But with the rapid development of the sciences relating to health, nursing too is becoming more and more not only an art but a field of applied science, and therefore a field for systematic, organized education. There is no possibility of real progress without this foundation.

Progress must be measured, too, by the extent to which a profession is able to fulfil satisfactorily the demands made upon it. These demands vary greatly from time to time. As the field enlarges and the responsibilities increase, there must be increased facilities for teaching not only the process involved, but the conditions which lead to the demand and the best ways of meeting them. The apprenticeship method of teaching is too static, too narrow in its aims, and moves too slowly, to enable the learners to keep pace with the demands of a steadily enlarging field.

Sufficient facts have been presented to prove that the apprenticeship method of education has many weaknesses, that it is unjust and undemocratic in its scope, unscientific and antiquated in its educational methods and fundamentally unsound from the financial and economic point of view. It is wasteful of time, of human energy, and in many cases of human life. It tends to restrict initiative and individual advancement, and it hampers progress in any vocation that follows its method exclusively. The system has been repudiated by one after another of the higher professions, and is gradually being abandoned or substantially modified by the industries.

There are some things to be said, however, for any system of education where the practical element is so emphasized. At its best it does turn out skilled

workmen. It tries out the man and tests his proficiency in practise as no purely theoretical course can ever do. It eliminates the weakling who is afraid of work, and reveals the shirker, and the time-server, as well as the faithful, conscientious workman. Dean Schneider of Cincinnati says there is nothing like the shop service to bring out the "yellow streak" in a student, and we know what the long, hard discipline of the wards can do toward developing self-reliance, self-forgetfulness and endurance. Further it reveals the worker to himself and shows him just where he falls short. There is no doubt that the "daily doing of needful things with regularity and efficiency is half of a liberal education," and we need much more of this practical kind of training in our schools and colleges.

It is being recognized also that where the practical side of any vocation has been sacrificed to the theoretical, as it has been in many schools of engineering, teaching, medicine, etc., the results have been very far from satisfactory. We all know the star student who is all thumbs where it comes to handling a monkey-wrench or a forceps. We have also tested the efficiency of the correspondence school graduate. The pendulum is certainly swinging away from the narrow, bookish methods of teaching toward the practical, concrete, experimental methods. Far from minimizing the value of practical experience, it is being emphasized more and more as an essential part of all education. The objection to the apprenticeship method of training is not that it teaches through practice, but that it teaches the technique of practice without the reasons, that it emphasizes the muscle side—the hand side—and neglects the thought side which is fundamental to true efficiency.

What we want then in all lines of vocational training is some new type of education that will combine the best methods of the old practical apprenticeship with the best results of modern academic education. It is pretty generally admitted that the practical part should be acquired under working conditions, as far as possible, and that the theory can best be given by some one who is specially trained both as a practical worker and as a teacher. There is some dispute as to whether the theory should precede, accompany or follow the practice, but in most cases the best results seem to have been obtained where the courses run parallel, and where some definite method of co-ordination between the theory and the practice is followed.

I would like to give some description of the wonderful system of industrial education in Germany and of the high type of efficiency produced there among all types of working men and women; also of the methods employed in Great Britain and on the continent and the large variety of vocational schools represented in the United States. I can cite only a few types illustrating what has been attempted in some branches of industrial and commercial education.

1. In Germany every apprentice over fourteen years of age is compelled by law to attend the special school belonging to his trade for from six to twelve hours a week, during his whole apprenticeship. These trade schools teach the theory underlying all the various occupations, blacksmithing, tailoring, hairdressing, even chimney-sweeping. The apprentices also study such general subjects as will help them to be intelligent and conscientious citizens. This compulsory system has been introduced in Cincinnati for a few trades. The schools are

under the public school system and are taught by specially trained teachers. In Boston five large department stores have agreed to send their new shop-girls to a school conducted by the Woman's Educational and Industrial Union of Boston. They attend for half a day six days in the week for a period of three months. At first the girls were sent only half a day per week, but the results were so satisfactory to the employers that the period was lengthened voluntarily. The course consists of arithmetic suited to store needs, the study of textiles and materials, color and design, store technique, business English and something of the psychology of salesmanship. The employers find that they are amply repaid in the increased interest and intelligence of their workers.

2. The regular trade school is something of the same type, but the pupils spend their entire time in the school. The shop is part of the school, and theory and practice are fitted in together in varying proportions, usually about one hour of theory to two or three of practice. The mechanic arts schools and the higher technical schools belong to this type, but here the training is much longer, the studies are highly technical and the preliminary standards are much more advanced. High school graduation is usually demanded for entrance to any of these metal-working, wood-working, textile or other technical courses.

3. A third type of school is the shop school established on the premises by manufacturing or railway companies for their apprentices. Some of these offer very excellent courses, employing trained instructors, and giving from four to eight hours class work per week. The New York Central lines have many such schools of quite an advanced grade. The General Electric Company, of Lynn, Mass., keep their apprentices in the training rooms for two and one-half years, spending six hours weekly on algebra, physics, mechanics, drawing, etc., and applying their principles to the work of the shop under constant supervision. The whole course is three to four years, the boys being paid for all their time at an advancing rate of 9 cents to 18 cents per hour.

4. Probably the most satisfactory type of industrial or professional training is the part-time or co-operative system which has been worked out by the engineering department of the University of Cincinnati. The standards of entrance and course of study are similar to those in any other school of engineering, but here the theory only is taught in the university and the practice is obtained through apprenticeship of the students in various manufacturing establishments in the city. The students go in pairs, one serving at the shop and the other studying in the university, week about. The practical course is so arranged that the students get carefully graduated work in every department, and the instructors keeping closely in touch with problems of the shop are able to correlate the theory and the practice very effectively. The students are paid from 10 cents to 20 cents per hour for their work in the shops and are able in this way to defray some of the expenses of tuition. The work in Cincinnati has been so successful that the system has been introduced into some of the vocational high schools, notably that at Fitchburg, Mass.

(To be Continued)

St. Thomas's



Hospital.

NEWINGTON, SURREY, S.E.

16th Sept 1869.

Having known
 the permission during
 the short period of her
 training in the Asylums
 School for Nurses at the
 Hospital, under our director
 (1860 to 62) — we have
 great pleasure in giving
 our testimony to her practical
 efficiency as a Nurse and
 as this moral character

of good conduct as a Woman
 the permission left the
 Asylums School for
 consequence of her marriage
 in 1862, since which time
 she has obtained considerable
 experience and credit in
 private families, not
 only as a monthly Nurse
 but in the entire
 management & subsequent
 treatment of children
 their confinements —
 that we can most

strongly recommend
 her as a competent
 Nurse in Medical &
 Surgical cases and also
Midwifery —
 we have the honor to

— J. E. Westphal —
 Secy. of the Asylums Nurse
 — R. G. Wainwright —
 Assistant Medical Officer

St. Thomas's
June 29/60

shoes (not slippers) for need
duly, galoshes for wet weather
will be provided for you.

S. E. Wardrop's

T.

Fanny Wilde an
eligible candidate for admissions
into St. Thomas's Hospital as
probationer under the Nightingale
Fund

P. S. Monday the 9th of July is
the day fixed for admissions
to which all must punctually
attend

You are requested as a rule
to bring with you, in addition
to other clothing, 6 shifts, 8 pairs
of stockings, and then boots - or

Are these not interesting letters? They are, as you see, the property of Mrs. Fanny Wilde McEvoy, of Detroit, on whose behalf an appeal was made in a recent issue. By the courtesy of Miss Aikens we are able to reproduce these letters which take you back to the founding of the first training school for nurses at St. Thomas' Hospital, London, England, by Florence Nightingale. How many of us have preserved our letters of acceptance? And we never know just how valuable they may prove. Mrs. McEvoy is proving the value of hers. Generous and prompt has been the response to the appeal on behalf of this worthy aged nurse. Let us see to it that our response is really effectual in the best sense, so as to allay all anxiety. Note the time and amount of your donation and repeat it yearly. Treasures laid up in this way are never lost.

Miss C. A. Aikens, 722 Sheridan Avenue, Detroit, has gratefully acknowledged a number of donations from Canadian nurses. Can we not add to these? The first report of the committee in charge of the Nightingale Fund is also given, and will be perused with interest by every nurse. We are grateful for the privilege of giving our readers the opportunity of reading these interesting documents.

**THE COMMITTEE OF THE COUNCIL OF THE NIGHTINGALE FUND
DESIRE TO MAKE THE FOLLOWING REPORT OF THEIR
PROCEEDINGS TO THE COUNCIL:—**

The Committee was appointed at a meeting of the Council held on the 19th December, 1859, and at the same time Mr. Arthur Hugh Clough was appointed Secretary to the Council.

In accordance with the desire of Miss Nightingale, which was then communicated to the Council, the Committee shortly afterwards put themselves into communication with the President, Treasurer, and Governors of St. Thomas's Hospital, and ultimately entered into an agreement with them relative to a plan for training Nurses in that Hospital.

Under this agreement it is provided that a certain number, (at least fifteen,) probationer Nurses shall be received into the Hospital, all extra expenses thereby caused being charged to the Fund, that the Probationers shall be provided with board and separate lodging in the Hospital, under the charge of a Sister, and shall receive instruction in the wards from the superintending Sisters, the Matron, and the Resident Medical Officer, all of whom are to be allowed to receive remuneration from the Fund for so doing.

The agreement was to remain in force for two years, and be terminable at six months' notice.

The following regulations were laid down by the Committee as to the admission and training of the Probationers:—

1. The Committee of the Nightingale Fund have made arrangements with the authorities of St. Thomas's Hospital for giving a year's training to women desirous of working as Hospital Nurses.

2. Women desirous of receiving this course of training should apply to MRS. WARDROPER, the Matron at St. Thomas's Hospital, subject to whose selection they will be received into the Hospital as Probationers. The age considered desirable for Probationers is from 25 to 35; a certificate of age and a testimonial of character, according to a form which will be supplied by Mrs. Wardroper, will be required, also the name and address of medical attendant.

3. The Probationers will be under the authority of the Matron of the Hospital, and will be subject to the rules of the Hospital.

4. They will be supplied at the cost of the Nightingale Fund, with separate lodging in the Hospital and with board, including tea and sugar, and with their washing; and they will be furnished with a certain quantity of outer clothing. They will serve as assistant-nurses in the wards of the Hospital.

5. They will receive instruction from the Sisters and the Resident Medical Officer. They will be paid, at the end of the first quarter, a sum of £2; at the end of the second quarter, £2 10s.; at the end of the third quarter, £2 10s.; and at the end of the fourth quarter, £3.

6. At the close of a year, their training will be considered complete, and they will be expected to enter into service as Hospital Nurses in such situations as may be offered to them.

7. The names of the Probationers will be entered in a Register, in which a record will be kept of their conduct and qualifications. This will be submitted at the end of every month to the Committee of the Nightingale Fund. At the end of a year those whom the Committee find to have passed satisfactorily through the course of instruction and training, will be entered in the Register as certificated Nurses, and will be recommended for employment accordingly.

8. The term of a Probationer's service is a complete year, and they will be received on the distinct understanding that they will remain for that length of time. They may, however, be allowed to withdraw upon grounds to be approved by the Committee, upon three months' notice. They will be subject to be discharged at any time by the Matron, in case of misconduct, or should she consider them inefficient or negligent of their duties. They will be eligible, upon proof of competency, during their year of training, or at its close, to permanent appointments as extra nurses in St. Thomas's Hospital. The Committee look forward with confidence to being able to find situations for their certificated Nurses, either in St. Thomas's or some other Hospital.

9. The Committee will allow gratuities of £5 and £3, according to two classes of efficiency, to all their certificated Nurses, on receiving evidence of their having served satisfactorily in a Hospital during one entire year succeeding that of their training.

The upper floor of the new wing of St. Thomas's Hospital has been fitted up in a very complete manner for the accommodation of the Probationers, so as to provide a separate bedroom for each, a common sitting-room, and two rooms for the Sister in charge.

In May, 1860, advertisements were inserted in the public papers inviting candidates for admission, and on the 24th of June, fifteen probationers were admitted. Of these fifteen, during the course of the year, three were dismissed, one retired from ill health, and two were appointed as extra nurses in St. Thomas's Hospital. The six vacancies were filled up by additional Probationers, one of whom has since been dismissed. Thirteen Probationers, including the two extra nurses, completed their year's course on the 24th June. Of these, four more have been received as nurses into St. Thomas's Hospital, making six so received altogether. One has been appointed nurse to the Union Workhouse at Stockton-on-Tees, one to the Union Workhouse at Warrington, and applications are now under consideration respecting places for two others. The remaining three have returned to their homes for the present.

Eleven Probationers have been placed on the Register as certificated nurses; seven in the first class, and four in the second.

The course of training given to the Probationers is almost exclusively of a practical kind, and comprehends all that a nurse is required to know, and to do, at the bed-side of the sick.

The regulations show what means are adopted for ascertaining precisely the progress made by each Probationer, and the Committee is kept fully informed on the subject.

The details of the qualifications expected are contained in the following memorandum:—

DUTIES OF PROBATIONER UNDER THE "NIGHTINGALE FUND."

You are required to be

SOBER,
HONEST,
TRUTHFUL,
TRUSTWORTHY,
PUNCTUAL,
QUIET AND ORDERLY,
CLEANLY AND NEAT.

You are expected to become skilful—

1. In the dressing of blisters, burns, sores, wounds, and in applying fomentations, poultices, and minor dressings.
2. In the application of leeches, externally and internally.
3. In the administration of enemias for men and women.
4. In the management of trusses, and applications in uterine complaints.
5. In the best method of friction to the body and extremities.
6. In the management of helpless Patients, *i.e.*, moving, changing, personal cleanliness of feeding, keeping warm, (or cool). preventing and dressing bed sores, managing position of.
7. In bandaging, making bandages, and rollers, lining of splints, &c.
8. In making the beds of the Patients, and removal of sheets whilst Patient is in bed.
9. You are required to attend at operations.
10. To be competent to cook gruel, arrowroot, egg flip, puddings, drinks, for the sick.
11. To understand ventilation, or keeping the Ward fresh by night as well as by day; you are to be careful that great cleanliness is observed in all the utensils; those used for the secretions as well as those required for cooking.
12. To make strict observation of the sick in the following particulars:—
The state of secretions, expectoration, pulse, skin, appetite; intelligence, as delirium or stupor; breathing, sleep, state of wounds, eruptions, formation of matter, effect of diet or of stimulants, and of medicines.
13. And to learn the management of convalescents.

During the year a number of lectures of a practical character have been kindly given to the Probationers by several of the members of the Medical Staff of the Hospital, viz.:—Dr. Bernays, Dr. Brinton and Mr. Le Gros Clark, as well as by Mr. Whitfield, the Resident Medical Officer. The Chaplain has also twice a week kindly given a short lecture on a religious subject.

The Matron, Mrs. Wardroper, and Mr. Whitfield, under whose immediate superintendence the Probationers are placed, have reported their approval of their general conduct and proficiency; while on the other hand, all the Proba-

(Continued on Page 66)

THE SCHOOL NURSE.

The Canadian Public School Nurses' Association held its regular monthly meeting at the Brown Betty, 42 King Street, Toronto, on January 8th. There were twenty members present. Arrangements were completed for the installation of a dental outfit in Earls court School as soon as the room set aside for the purpose is available. It is hoped to have a dentist in attendance at regular times during the week and children in surrounding district will be able to have their teeth cared for free of charge, when the parents cannot afford to pay for dental work.

A large number of cases of incipient tuberculosis have been brought to light by the nurses' visits to the homes. A case is cited of a nurse finding two children in school with coughs. On enquiring at the home, the mother stated there was no history of consumption but that the children had repeated colds. The nurse, however, was not satisfied, as she had not been admitted into the home and decided to make a second visit. She discovered the father in the last stage of tuberculosis and the mother admitted knowing the facts. The children had been to a physician who gave no definite report. Later they were examined and found to be infected. The case was at once reported to the Board of Health and the nurse had the children taken in charge by the Heather Club. They are now under treatment and supervision and home conditions improved. This is only one of many cases being brought to light by the nurses in their daily rounds.

Ophthalmia neonatorum causes about one-fourth of all blindness among children and about one-eighth of all blindness from all causes. It is a preventable affliction and its prevention is relatively a very simple matter. Nurses please note! This percentage must be reduced.

The British Journal of Nursing, in the Review of Nursing in 1911, speaks thus of school nursing:

A most useful branch of nursing is that concerned in the care of school children. Educational authorities are learning that their whole duty has not been accomplished when they have brought the children in the schools up to the level of the sixth standard, but that their bodies as well as their minds must be cared for; that warmth, food, light, air and cleanliness are necessary to right physical development, and that children must be taught the elementary principles of hygiene, the application of soap and water, the care of the teeth and other details of personal cleanliness. In relation to all these points the work of the school nurse is of great value. Where necessary she can visit the homes of the children and explain to parents or guardians the necessity for and methods of special treatment. In the case of crippled and delicate children she has her definite place in special invalid and outdoor schools, which have been organized with most beneficial results in various centres. When school clinics are established, which is apparently only a question of time, the school nurse will be a still more important factor in the educational system, and, in co-operation with the medical profession, will help materially to raise the standard of the national health, provided that she is selected from the ranks of the fully trained and well-educated nurses, for much experience and sound judgment are needed by workers in this branch.

Editorial

A GENEROUS GIFT.

Mr. John Ross Robertson, ever the good friend of nurses, has added yet another to his already generous list of gifts to nurses. This time the Toronto Graduate Nurses' Club are the happy recipients and the gift is a beautiful, commodious home for the club on Sherbourne Street, just north of Mr. Robertson's own residence. Could anything be more princely! "Any good thing that I can do, or any kindness that I can show to any human being, let me do it now" seems to be Mr. Robertson's motto, for all he asks is "to see the nurses going in and out and enjoying themselves." And surely the nurses will do this, for this beautiful residence, which Mr. Robertson has had newly decorated and put in first-class condition, is in every way a model home for the Club.

THE EXTENSION FUND.

How to provide skilled nursing for the family of moderate means has several times been discussed in our columns. Different methods have been suggested and different plans tried.

The Central Registry of Graduate Nurses of Toronto, at its annual meeting in June, 1911, took up this question and, with some account of what had been accomplished in Chicago by means of the "Crerar Fund," decided to take definite steps to help solve this problem. A committee was appointed to devise ways and means of doing this. Business men and doctors were consulted, and the committee was strongly advised to raise a sufficient sum by voluntary subscription and to manage its disbursement themselves. Accordingly it was decided to raise a fund of one thousand dollars—to be known as the Central Registry Extension Fund—to supplement the amount paid by the family, the fund to be available for use this winter. The Registry Committee contributed \$300 and nearly \$500 has been contributed by private subscription. All subscriptions are promised yearly.

Already the committee feels more than repaid, for on more than one occasion the doctor has testified that if skilled care had not been provided, a life would have been sacrificed.

All cases are carefully investigated, and every effort put forth to make the benefits of this fund as far reaching as possible.

The date fixed for the opening of the meeting of the International Council of Nurses by the President, Sister Agnes Karl, is August 12th. Nurses note this and look for further announcements in next issue.

THE ISLA STEWART ORATION.

The Isla Stewart Oration, delivered at the Guildhall, London, on November 14th, 1911, by Miss Cox-Daves, was a splendid and fitting tribute to the great and noble woman whose memory is thus perpetuated by the profession to which her life service was given.

"Isla Stewart, Her Life and Her Influence on the Nursing Profession" was the subject of the Oration, which has been published in pamphlet form so that all nurses may have the privilege of reading it. The pamphlet, price 1s., may be obtained from Manager, British Journal of Nursing Office, 431 Oxford Street, London W., England.

Somewhat unique is the specialty chosen by Miss M. E. McCalmont, R. N., Brooklyn, N. Y.—that of hospital specialist and consultant. But the field is wide, and Miss McCalmont, who has held the position of Chief of the Division of Hospital Construction and Equipment, Bureau of Health, Philippine Islands, brings knowledge, experience and enthusiasm to bear upon her work. We wish her every success.

Miss Stewart's paper on "The Place of Apprenticeship in Vocational Training" is a masterly and exhaustive treatment of this whole subject. Many plain truths are stated very clearly, and much valuable information given. And knowledge gained always means that improvements will follow. Miss I. M. Stewart, a native of Winnipeg and a graduate of Winnipeg General Hospital, is a Professor in the Department of Nursing and Health, Teachers' College, Columbia University, New York, and can speak with authority on educational matters, especially in all branches of nursing education.

SPECIALIZING.

Specializing in some one of the many branches of nursing is being done more and more by the nurses of to-day. There are so many avenues of work now open to the nurse, that it is impossible to excel in all. Her desire is to excel in one and she chooses the branch which most engages her sympathy. Thus we have the school nurse, the hospital specialist, etc. One branch of nursing loudly calling for experts is the care of infants. Too often the work of the physician is hampered by the inexperience of the nurse. "Knowledge is power" here as elsewhere. A couple of months spent on this special branch would be more than compensated by the added confidence such a course would give. Infant mortality would be reduced to a minimum by a large force of such experts. This is a wide field and one that should not be ignored by the nurse. The prevention of infant mortality is a problem the nurse must help to solve.

The British Journal of Nursing, of December 30th, gives a comprehensive review of nursing in 1911. A resume of what has been accomplished in the different organizations and in every branch of nursing in Great Britain and

Ireland. "Our Colonies beyond the Seas," and "Abroad" provides a valuable fund of information. Every country in the world is brought into the review, which is most interesting and very instructive.

Already the nurses of California are planning to have the International Council of Nurses hold its next triennial meeting in San Francisco in 1915. The World's Fair will be held there in that year and it seems very fitting that the nurses of the world should assemble at the same time.

The American Nurses' Association has been delighted and encouraged by the prompt and liberal response of its members to the Isabel Hampton Robb Memorial Fund. This evokes no surprise, for Mrs. Robb, "always a nurse" and the friend of nurses, was one whom nurses everywhere delighted to honor. This fund, founded to perpetuate the educational work which was so dear to her and into which she threw so much well-directed energy, will furnish scholarships for nurses who wish to specialize in some one branch. Nurse specialists are more and more in demand and the successful nurse of the future will be the one who, while possessing a good general training, has made a special study of some branch of nursing work and who excels in her department. About \$8,000 has already been raised and the committee sought to swell this sum (which is steadily growing) by issuing a very pretty and instructive calendar—The Isabel Hampton Robb Memorial Calendar—which contains a photogravure of Mrs. Robb on the first leaf. Scholarships will soon be available and thus will go on and grow the splendid, far-reaching work of that grand, broad-minded, good woman—Mrs. Isabel Hampton Robb.

PREVENTION OF BED-SORES.

Zinc ointment and castor oil mixed together in equal quantities, spread on lint or linen, seemed to be able to keep any bed-sore at bay. If a patient had been doing well on the twice daily rubbing with methylated spirit, and then suddenly developed a suspicious redness about any point of pressure, that suspicious part was gently massaged with oil, and a zinc and castor oil dressing was strapped on. In a short time the redness disappeared, but the very fact of its appearance at all was a danger signal that the skin needed more soothing treatment. If thin and badly nourished patients were admitted, they were rubbed with the zinc and oil mixture. After a time a nurse in an infirmary seems to understand when to use the one treatment, and when to use the other, but the golden rule seems to be: "When in doubt, use the zinc and oil."

In private work it has fallen to my lot to be called in to phthisical patients and others, who were in the last stages of their disease. If I found any broken skin, the zinc and oil dressing seemed to heal the places like magic. So far I have never found it to fail, yet I have met many nurses who have never heard of this mixture, and who show a great unwillingness to experiment with it.—A. M. CAMERON in *The British Journal of Nursing*.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

President, Kate Madden, R.N., City Hospital Hamilton; First Vice-President, Mary Ard Mackenzie, R.N., Chief Superintendent Victorian Order of Nurses, Ottawa; Second Vice-President, Jane Craig, Superintendent Western Hospital, Montreal; Treasurer, Louise C. Brent, Hospital for Sick Children, Toronto; Secretary, Alice J. Scott, R.N., 11 Chicora Avenue, Toronto. Auditors—Zeda Young, Mina Rodgers. Councillors—Jane Craig, Mrs. Lyman, M. Y. E. Morton, Mina Rodgers, Mabel F. Hersey, Mary A. Snivl y.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss N. J. Burnett, 423 Main St. East; Vice-President, Mrs. A. W. Newson, 87 Pearl St. North; Recording Secretary, Miss D. E. Street, 200 Hughson St. North; Corresponding Secretary, Miss Etta McLeay, Mountain Sanatorium.

Executive Committee—Mrs. Margaret Reynolds, 87 Victoria Ave. S.; Miss Ida Ainslie, 45 Bay St. S.; Miss Bertha Miller, 87 Victoria Ave. S.; Miss Elizabeth Aitkin, 198 Hughson St. N.; Miss E. J. Deyman, 87 Victoria Ave. S.

Regular meeting, first Tuesday, 8 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss Mannering; Secretary, Miss McElheran, Riverdale Hospital; Treasurer, Miss Fogarty, corner Pape Ave. and Gerrard St.

Sick Visiting Committee, Misses Bishop and Luney; Programme Committee, Misses Stretton, Piggott and Murphy; Executive Committee, Misses Gate, Whitlam, Day and Nicol.

Representatives on Central Registry Committee—Misses Argue and Mannering.

Representative "The Canadian Nurse"—Miss McNeil, 505 Sherbourne St.

Regular meeting, first Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Julia Stewart, 12 Selby St.; First Vice-President, Miss M. E. Christie, 19 Classic Ave.; Second Vice-President, Miss Brerton, General Hospital; Recording Secretary, Miss Janet Neilson, 295 Carlton St.; Corresponding Secretary, Mrs. Aubin, care of J. W. Flavelle, Esq., Queen's Park; Treasurer, Mrs. E. M. Feeney, 39 Grove Ave.

Board of Directors—Mrs. Bailey, Miss Field, Miss Florence Ross.

Conveners of Committees—Sick Visiting, Miss Purdy; Registration, Miss Bella Crosby; Social and Lookout, Miss Kilgour; Programme, Miss Tweedie; Central Registry, Miss W. Fergusson, Miss C. A. Mitchell.

"The Canadian Nurse" Representative—Miss Lennox, 107 Bedford Rd.

Regular meeting, first Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President, Miss Connor, 418 Sumach St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Mrs. W. J. Hohlstein, 175 Walmer Rd.; Secretary, Miss O'Meara, 9 Pembroke St.; Treasurer, Miss Thompson, 9 Pembroke St.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Reilly, 9 Pembroke St.; Miss Blaney, 379 Ontario St.

Representatives on Central Registry Committee—Miss Kimmett, 418 Sumach St.; Miss Weyer, 418 Sumach St.; Miss Ryan, 491 Broadview Ave.

Representative "The Canadian Nurse"—Miss Stubberfield, The Home Hospital, 64 Gloucester St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, St. Michael's Hospital.

Regular meeting, second Monday, 3 p.m.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Miss Brent; President, Miss Lina Rogers, 908 Bathurst St.; First Vice-President, Miss M. Ewing, 569 Bathurst St.; Second Vice-President, Miss Clarke, 627 Church St.; Recording Secretary, Miss Hill, 115 Roxborough St. E.; Corresponding Secretary, Miss Teeter; Treasurer, Miss Charters, 425 Carlton St.;

Directors—Miss E. Jamieson, Miss Goodall, 425 Carlton St.; Miss G. Gowans.

Convener of General Business Committee, Miss Ewing, 569 Bathurst St.; Convener of Sick Visiting Committee, Miss G. Gowans, 5 Dupont St.; Press Representative, Mrs. H. E. Clutterbuck, 148 Grace St.; Canadian Nurse, Miss Hill, 608 Church St.; Invalid Cooking, Miss Mary Gray, 505 Sherbourne St.; Central Registry, Miss McCuaig, 7 Bernard Ave.; Miss Gray, 505 Sherbourne St.

Regular meeting, second Thursday, 3.30 p.m.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Rowan, Supt. of Nurses, Grace Hospital; President, Miss Devellin, 505 Sherbourne St.; First Vice-President, Miss A. Carnochan; Second Vice-President, Miss P. Wood; Secretary, Miss I. Sloane, 154 Beverley St.; Assistant Secretary, Miss M. E. Henderson, 434 Markham St.; Treasurer, Miss A. M. Comley, 31 St. Mary St.;

Board of Directors—Misses Etta McPherson, Cordingley, Worden, Cunningham and Noble.

Social Committee—Misses Blewett, Stephens and J. H. Russell.

Convenors of Committees: Sick Visiting—Miss Pearen, 434 Markham St. Programme—Miss Hunter, 566 Sherbourne St.. Press and Publication—Miss L. Smith, 9 Pembroke St.

Representatives on Central Registry Committee—Misses Knight and Hawley, 71 Grenville St.

Representative "The Canadian Nurse"—Miss Rowan.

Regular meeting, second Tuesday, 3 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, 171 Delaware Ave.

Board of Directors—Misses Pringle, Waddell, Kinder, Hamilton, Griffith, Wilson, and Mrs. Valentine.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Waddell.

The Canadian Nurse Representative—Miss M. S. Wilson, 434 Markham St.

The Association meets every six weeks.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Bell, Lady Superintendent; President, Mrs. MacConnell, 125 Major St.; 1st Vice-President, Miss M. Wilson, 30 Brunswick Ave.; 2nd Vice-President, Miss M. Brett, 27 Irwin Ave.; Recording Secretary, Miss M. Kelly, 254 North Lisgar St.; Corresponding Secretary, Miss L. Bowling, 77 Winchester St.; Treasurer, Miss Mary Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Yorke, 400 Manning Ave.; Miss M. Booth, 30 Brunswick Ave. Registry Committee—Miss E. McArthur, 30 Brunswick Ave.; Miss Anderson.

Board of Directors—Miss M. Brett, 27 Irwin Ave.; Mrs. Yorke, 400 Manning Ave.; Miss E. Hamlin, 30 Brunswick Ave.

Programme Committee—Miss M. Misner, 16 Ulster St.; Mrs. Valentine.

The Canadian Nurse—Miss M. Butchart.

Regular meeting first Friday, 3.30 p.m.

The
Guild of



Saint
Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.

Chaplain—Rev. F. G. Plummer.

Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.

Chaplain—The very Rev. the Dean of Quebec.

Superior—Mrs. Williams, The Close.

THE ARCH-CONFRATERNITY OF THE "MISERICORDIA," FLORENCE.

(Continued from December)

When a "Giornante" dies his body is brought to the Oratory with six torches, and a "Stracciafoglio" with four. Six special masses are said for a "Giornante," but none apparently for a "Stracciafoglio," beyond the general masses said for all who have belonged to the Misericordia on the day of St. Tobias, and on the Day of the Dead, the 2nd of November.

Since 1896 women, if closely related to a member either as wife, daughter, mother, or sister, may on payment of a small yearly fee be inscribed as honorary sisters of the Misericordia. This gives them the right of being interred in the cemetery at Soffiano, and the privilege of sharing in the spiritual benefits granted to members of the order.

Societies closely resembling the Misericordia, and founded in imitation of it, exist in many towns in Tuscany and in most of the country districts near Florence. These confraternities, some of which dress in white, not black, are all affiliated to the Arch-Confraternity, and are bound by an unwritten law to respect the rights of the latter within the city. Thus no country confraternity may convey their sick direct to the Florence hospitals; they are met at a given point outside the city gates by the Florence Misericordia, to whose litter the patient is transferred. An exception is made for the Misericordia of Rifredi, which for some ancient and unknown, or long-forgotten reason, has the privilege of entering the city with its litter.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Miss Mina Rodgers, General Hospital, Niagara Falls, Ont.; Second Vice-President, Mrs. W. S. Tilley, Toronto; Recording Secretary, Miss Ina F. Pringle, 164 Cottingham Street, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss L. L. Rogers, 908 Bathurst Street, Toronto.

Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Mrs. Paffard, 81 Grenville Street, Toronto; Miss K. Mathieson, Riverdale Hospital, Toronto; Miss A. J. Scott, 11 Chicora Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Jean C. Wardell, 97 Delaware Avenue, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss Ewing, 569 Bathurst Street, Toronto; Miss E. R. Greene, 130 Dunn Avenue, Toronto; Miss Butchart, 563 West Bloor Street, Toronto; Miss Jamieson, 23 Woodlawn Avenue East, Toronto; Miss DeVellin, 505 Sherbourne Street, Toronto; Miss Barnard, 608 Church Street, Toronto; Miss Kimmett, 853 Bathurst Street, Toronto.

Convenors of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss A. J. Scott; Press and Publication, Miss L. L. Rogers; representative to The Canadian Nurse Editorial Board, Miss Jamieson.

The regular meeting of the Executive was held on January 3rd at 3 p.m. at the Nurses' Club Room, 22 College Street, Toronto. A letter was read from Mrs. Reynolds, Press Representative of the National Council of Women of Canada, stating that the Council now had a department in the Canadian Magazine in charge of Mrs. Reynolds, and asking that affiliated associations help to increase the subscription list. It was decided to subscribe for one for the Association and have it sent to the Club.

The committee regretted to learn that Miss Barnard had been called home on account of the illness of her father, but expressed the hope that she would soon return and resume her work. Five new members were received.

The Calendar Committee reported a number of calendars still on hand and gratefully acknowledged the assistance of the nurses in disposing of these, especially mentioning Miss Foley, Superintendent of Tuberculosis Hospital, Chicago, who had sold thirty-five.

The Treasurer reported a balance of \$237.06. Will members in arrears remit as early as possible so as to facilitate the Treasurer's work.

Further plans were made for the annual meeting to be held in Hamilton in May. It is hoped that there will be a large attendance of members at this meeting.



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

Established 1895.

Incorporated 1901.

President—Miss Phillips.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison Street.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 75 Mansfield Street, first Tuesday, 8 p.m.

The meeting was postponed one week and held on January 9th at 8 p.m. There was a large attendance. Miss Phillips, the President, presided. Article IV of the Constitution was changed to read "two years' training" as a number of nurses from the United States had applied for membership who had graduated from hospitals giving only a two years' course.

Dr. Morrow gave a most interesting and instructive lecture on "The Pulse." Dr. Morrow is an able lecturer and with the aid of one or two charts explained every kind of pulse and made the subject very clear. A hearty vote of thanks was tendered Dr. Morrow, after which refreshments were served and a social half hour enjoyed.

Miss Phillips and Miss Colley were asked by the Health Association of Montreal to attend the meetings of that Association held on December 13-15, 1911. There was nothing of interest to the C. N. A. to report.

The Alumnae Association of the Montreal General Hospital extended a cordial invitation to the members of the C. N. A. to attend a lecture to be given in the lecture hall of the hospital on Friday, January 12th, at 4 p.m., by Dr. Altherton on "The Child Welfare Exhibit."

My Scallop Shell of Quiet

*Give me my Scallop Shell of Quiet
 My staff of faith to walk upon,
 My scrip of joy, immortal diet,
 My bottle of salvation,
 My gown of glory, hope's true gage,
 And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
 No other balm will there be given;
 Whilst my soul, like quiet palmer,
 Travelleth toward the land of Heaven.*

*My soul will be a-dry before,
 But, after, it will thirst no more.*

THE FOOTPATH TO PEACE.

To be *glad* of life, because it gives you a chance to live and to work and to play, and to look up at the stars, to be satisfied with your possessions, but not contented with yourself until you have made the best of them; to despise nothing in the world but falsehood and meanness, and to fear nothing except cowardice; to be governed by your admirations rather than by your disgusts; to covet nothing that is your neighbor's except his kindness of heart and gentleness of manners; to think seldom of your enemies, often of your friends, and every day of Christ; and to spend as much time as you can with body and with spirit in God's out-of-doors—these are the little guide posts on the footpath to peace.—
Henry Van Dyke.



POST-GRADUATE COURSE IN DISTRICT NURSING.

1. The Training Homes of the Order are in Toronto, Ottawa and Montreal.
2. A four months' post-graduate course in District Nursing is given at each of these three training centres of the Order.
3. During the course, the nurses live in the Home, receiving, besides instruction and experience in the district, all living expenses—board, lodging, laundry—and twenty-five dollars a month.
4. The course consists of (a) practical instruction in how to care for the sick in the homes of the poor and of people of moderate means, and how to teach in those homes, the simple rules of hygienic living; (b) instruction in the keeping of records and in the management of a district; (c) lectures and talks on District or Visiting Nursing and Social Service work.
5. The average number of hours on duty is eight, and each nurse is allowed one-half day a week and a part of Sunday.
6. On entering for the course, nurses are required to bring with them, three colored wash dresses—the uniforms of their schools, if possible,—six white aprons, with bibs, white collars and cuffs, a long coat—preferably navy blue—a plain hat and well-fitting shoes.
7. At the end of the course, if satisfactory, and they wish to join the Order, they are admitted, presented with the diploma and medal of the Order, and placed wherever there is a suitable vacancy.
8. The Order is usually able to place all nurses, possessing the necessary qualifications, as they have branches throughout the Dominion—district nursing branches in town and country districts, as well as hospitals.
9. The salaries in permanent posts vary from thirty dollars a month to sixty, with board, lodging, laundry and uniform—making the total allowances range from fifty to eighty dollars a month.
10. One month's vacation each year with full salary is allowed all Victorian Order nurses.
11. The Victorian Order of Nurses offers exceptional opportunities to all nurses interested in the various phases of District Nursing and Social Service work.

HOSPITALS AND NURSES

Misses Code and Guiry, of Fort William, Ont., have gone to London, Ont., to practice their profession. Their friends much regret their departure.

Miss Glass has resigned her position as Head Nurse at G. and M. Hospital, St. Catharines.

Miss Reba Galloway, graduate of Guelph General Hospital, class '11, has taken a position in the Galt Hospital, Lethbridge, Alta. Miss Galloway was the winner of the Alumnae Association prize, being head of her graduating class.

Miss E. Leadley, graduate of Guelph General Hospital, who has been private nursing in Guelph for some time, has gone to Winnipeg to engage in private nursing. Miss Leadley will be greatly missed by the Alumnae Association, in which she took an active part.

Miss Craig and Miss Mabel McTaggart, graduates of Vancouver General Hospital, sailed on the S.S. Makura, December 27th, 1911, for Honolulu. They expect to be away from Vancouver, B. C., about three months.

Miss Marion Adah Mighton, of Painesville, Ohio, a graduate of the Painesville Hospital, and also of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Pa., has been engaged for the Cherokee State Hospital, Cherokee, Iowa, to take charge of the mechanical department.

The regular meeting of the Alumnae Association of the Hospital for Sick Children, Toronto, was held in the Nurses' Residence on December 14th at 3.30 p.m. The Vice-President, Miss Jamieson, presided. It was decided to hold the meetings every alternate month, the Heather Club to hold its meetings alternately with the Association. The Association will meet in February, April and June. The programme for the winter covers "Woman's Work" in all its branches. "Social Service" is the subject for the meeting on February 8th.

The Graduate Nurses' Association of Thunder Bay District met at the home of the Secretary, Mrs. Harvey, Victoria Avenue, Fort William, Ont., on December 7th. The officers for 1911-12 were appointed as follows: President, Mrs. J. E. Cooke; First Vice-President, Miss Blackmore; Second Vice-President, Miss Mae MacLean; Secretary, Mrs. B. M. Harvey; Treasurer, Miss Shaughnessy; Directors—Mrs. Williamson, Mrs. Weston, Misses Bradley and Sherratt. At the close of the meeting, refreshments were served and a pleasant social hour enjoyed.

The graduating exercises of the Training School for Nurses of the Woman's Hospital, Montreal, were held on November 28th. Short addresses were given by Dr. H. L. Reddy and Dr. W. Burnett. The nurses receiving diplomas and medals were: Maria Quinlan, Coteau-du-lac, Que.; Helen Morrison, Montreal; Emily Francis, Montreal; Annie Masterman, Montreal; Mrs. M. A. Horncastle, St. John, N. B.; Lilly Copping, New Glasgow, Que. Each nurse was also presented with a suitcase in token of appreciation of her two years of earnest, faithful work. These are useful souvenirs of the hospital. Supper was served to the graduates and their friends. The table and rooms were beautifully decorated with chrysanthemums and smilax.

At the monthly meetings at Restholm, Halifax, addresses will be delivered on the following subjects: "The Nursing Care of the Insane," "Physical Culture in Relation to Health," "Infantile Paralysis," "Surgical Conditions in Children," "Work of the National Council of Women."

The November meeting, held at Restholm, was well attended. An admirable address, which was listened to with keen interest, was delivered by Dr. Hattie, Superintendent of the Nova Scotia Hospital, on "The Nursing Care of the Insane."

The extreme difficulty of caring for sufferers from mental diseases and the importance that those in attendance should be persons not only of a high type of character, but skilled and proficient in the practice of their profession, was pointed out by the lecturer in his introductory remarks. The address was more especially devoted to the consideration of melancholia and milder forms of mental derangement—cases so frequently encountered by the private nurse—and the means by which they may be most successfully ministered to. Instruction was given regarding forced feeding, sedative treatment, and also with regard to the method of dealing with complications likely to occur.

A hearty vote of thanks was tendered to Dr. Hattie on the conclusion of the lecture.

Best wishes of the Association have been extended to several popular members recently married, amongst whom are: Mrs. Gillis (nee Miss Manson), late Matron of Harbor View Hospital; Mrs. Lyman Hamilton (nee Miss Sadie Hamilton); Mrs. Fraser, New Glasgow (nee Miss Ray Fraser, Halifax); Mrs. P. MacDonald (nee Miss Horton); Mrs. C. MacDonald (nee Miss Margaret McLean).

Miss Pope, R. R. C., Matron Military Station Hospital, Halifax, who has been seriously ill, is improving and hopes to spend the winter in the Barbadoes.

Miss S. A. Barrington, who has returned also much improved in health after her enjoyable visit to Scotland and Ireland, will spend the winter in Cape Breton, with her mother, Lady Barrington.

Misses Grumbley, McGee and McMeagher, the three first graduates of the Halifax Infirmary Training School, have been awarded diplomas. The graduating exercises were held at the Masonic Hall. Congratulatory speeches were made by Dr. John Stewart, Dr. Blebadder and others.

One of the last survivors of the band of consecrated women who went out with Florence Nightingale to nurse the troops during the Crimean War has just died in London, after a long illness, at the age of eighty-four. When the war broke out Mother Mary Anastasia Kelly was a young nun, and volunteered with half a dozen others of the Order of Mercy to undertake the duty of nursing the wounded and those stricken down by enteric fever. On her return at the end of the war she was sent to nurse at the St. John and St. Elizabeth Hospital, then in Great Ormond Street, but now in St. John's Wood, London. Some forty years after the war it was brought to the knowledge of Queen Victoria that four of these nuns were still living and had received no official recognition of the services they had rendered. They then received a command to attend at Buckingham Palace, where Her Majesty decorated them with the Order of the Red Cross.

The Tablet, commenting on the death of this heroine of charity, says:

"Memories of Scutari are quickened afresh in English minds this week by the death of Mother M. Anastasia Kelly at the St. John's Wood Convent of her Order. This event leaves but one sole survivor of the band of brave Sisters of Mercy who took ship with Florence Nightingale for the Scutari hospital wards, packed with England's cholera-stricken soldiers. This is Mother Mary Joseph Stanislas (born Jones), of the same convent, whose years now number eighty-nine. Elsewhere and in another order one other heroine veteran remains who shared in the horrors and glories of the Crimea. Mother St. George (born Pursell, at the Convent of the Faithful Virgin, Norwood, well recalls the day, fifty-seven years ago, when she left that house, at a few hours' notice, in response to Bishop Grant's appeal for volunteers."—*Catholic Register*.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held on December 6th at the home of Miss Bowling, Winchester Street. Routine business received attention and plans for an Alumnae Dance were discussed, but, owing to small attendance, were left for final decision at next meeting. Miss Rogers, Superintendent of School Nurses, had been invited to address the members but was unable to be present. Miss Butchart, one of the staff, gave a short outline of the system and also the scheme for the equipment of a dental clinic for the poor sections undertaken by the Public School Nurses' Association. Refreshments were served at the close.

Moncton, N. B.—At a special meeting of the Moncton Hospital Board, the resignation of Miss Sophie G. MacDonald, to take effect January 11th, 1912, was accepted, and at the same time a resolution was unanimously passed:

"The officers and trustees of the Moncton Hospital having received the resignation of Miss MacDonald, Superintendent, together with the report of the committee that Miss MacDonald declines to reconsider the same, regretfully accept the resignation, desiring at the same time to place on record their grateful appreciation of the faithful services rendered by Miss MacDonald during her term of office as Superintendent of said institution, and furthermore most heartily recommend her to any hospital which may require an efficient superintendent."

The Ottawa Local Association of the Victorian Order of Nurses has purchased a handsome, commodious home in Albert Street for the staff. The head office is still at the home of the Order, 578 Somerset Street, Ottawa.

The new home of the Vancouver branch of the Victorian Order—the Florence Nightingale Home—was dedicated and formally opened early in November. This is a very attractive home, and contains autograph photographs of the late King Edward VII, Queen Alexandra and Florence Nightingale.

Miss Trusler is in charge of the new V. O. N. district at Dundas, Ont.

Miss Crowe is assistant on the Stratford V. O. district staff; Miss Pearce is on the Winnipeg staff; Miss Chipman is assistant in the Victorian Hospital, Kaslo, B. C., and Misses Smith and Lovering are on the High River Hospital staff.

Miss C. Beamish, V. O. N., leaves early in January to take a position on the Revelstoke Hospital staff.

The regular meeting of the Alumnae Association of Toronto General Hospital was held on Friday, January 5th, at 3.30 p.m. In the absence of the President, Miss Christie, First Vice-President, occupied the chair. The Association decided to continue the chapter in the Evangelia Settlement this year and to resume the weekly sewing meetings to help in this work. After the disposal of all business, Miss Brerton, Superintendent of the Maternity Department of the Toronto General Hospital, gave a most interesting and instructive address on "Obstetrics," giving the latest methods in use at the Burnside. A hearty vote of thanks was tendered Miss Brerton at the close of her carefully prepared address. At the close of the meeting, Miss Stewart, Lady Superintendent, entertained the members to tea in her drawing-room.

The new Nurses' Home of the Isolation Hospital, Edmonton, Alta., was opened on November 28th, 1911, and is a welcome addition to the hospital. The Home is of brick and has twelve rooms—two sitting-rooms, nine bedrooms and sewing-room. On the first floor are the Superintendent's suite, nurses' sitting-room, two head nurses' rooms and bathroom. On the second floor are four double and two single bedrooms, sewing-room and bath. The nurses appreciate the Home very much and find it very cosy and homelike.

The new Nurses' Home of the McKellar Hospital, Fort William, Ont., was opened on December 14th, 1911. The Ladies' Aid and Nurses held a reception in honor of the event, to which the citizens were invited. A very happy time was enjoyed by all and many complimentary remarks interchanged about the beautiful new Home.

The regular meeting of the Toronto Central Registry Committee was held at 569 Bathurst Street on Wednesday, January 3rd, at 3 p.m. In the absence of Miss Ferguson, the Convener, the chair was occupied by Miss Mitchell. Seven members were present. The Registrar reported a total of 235 calls for December. Nine new members were added in December and six applications considered to-day and accepted.

We are sorry to report the death of one of our members—Miss Kate Winifred Clark, graduate of New Haven, Conn.—who died after a short illness on December 18th of broncho-pneumonia.

Letters of thanks and appreciation were read from the sick nurses who had received flowers and from the telephone operators for their Christmas remembrances.

The Treasurer reported a total balance of \$1,621.53. A social cup of tea was enjoyed at the close of the meeting.

The Graduate Nurses' Association of Thunder Bay District held their regular meeting at Port Arthur, Ont., on Thursday, January 4th. Owing to the severity of the weather (30 degrees below zero) and the fact that many of the nurses are busy, the attendance was small. It was decided to have the names of graduates inserted in the Telephone Directory under a classified heading. Refreshments were served at the close, and a social half hour much enjoyed.

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Indicated in the Treatment of Rheumatism, Rheu-
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SAL LITHOFOS is a preparation containing in an active state Lithia and Sodium Phosphates. It is of special service in the treatment of Chronic Rheumatic and Gouty conditions, their allied affections and in many other disordered states.

Expert knowledge and chemical skill of a high order were required to combine in this palatable preparation the necessary active constituents without it in any way producing the deterioration so often found in many advertised remedies.

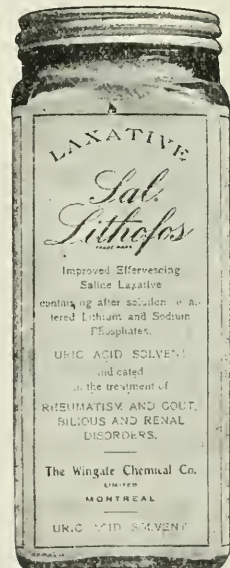
SAL LITHOFOS is of value in restoring the organism to a normal state in a very short time. Sal Lithofos by virtue of its saline aperient qualities is of distinct service in the treatment of cirrhosis of the liver and its attendant disorders.

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The regular monthly meeting of the Ottawa Graduate Nurses' Association was held at the Club, Somerset Street, Monday, January 8th, at 3.30 p.m., with an attendance of about twenty-three members. Dr. E. B. Echlin gave a short but very instructive talk on Diseases of the Stomach; speaking particularly of Ulceration, medical treatment, also explaining the method of procedure in gastro-enterostomy. The meeting then adjourned, after which refreshments were served.

The regular meeting of the Toronto Western Hospital Alumnae Association was held in the Nurses' Residence on Friday, January 5th, at 3.30 p.m. The President, Mrs. MacConnell, occupied the chair. After the disposal of business Dr. Herbert Carveth gave a short and very instructive address on "First Aid in Drowning," which was much appreciated.

As the election of officers will hereafter be by ballot, a nominating committee was appointed to prepare a list for next meeting. It was decided to postpone the proposed dance till the opening of the new hospital and then unite with the hospital staff in their dance. A full attendance is urged for February as it is the annual meeting. Refreshments were served at the close.

Kingston, Ont.—At the November meeting of the Nurses' Alumnae Association of Kingston General Hospital the members decided to ask for donations from their friends in the city and elsewhere for the Nurses' Home Fund. At the December meeting the members reported great success. Many were much pleased with the graduate nurses' interest in the Nurses' Home and the excellent object of the appeal. The amount so far realized is \$92.50. The list is open until January to give those who have been unable to respond to the appeal an opportunity of doing so. The meeting was well attended. Several of the recent graduates have become interested in the work of the Association and promise more regular attendance and greater interest for the coming year.

The Annual Meeting of the Berlin Graduate Nurses' Association was held at the Berlin and Waterloo Hospital, Berlin, Ont., on November 13th. The attendance was good. The officers elected for the year were: President, Mrs. Foster; Vice-President, Mrs. Bowman; Treasurer, Miss Uttley; Secretary, Miss Master; Registrar, Mrs. Bowman. The Association has only been organized one year and has more than met the expectation of the Executive in the steady growth of membership and increasing interest taken in the meetings. The programmes for the year have been varied. The doctors have given interesting talks on various phases of the profession. One of particular interest was a lecture on "The Dresden Congress on Hygiene and Sanitation" given by Dr. Honsberger, the Dominion representative to the congress. Travel talks and social evenings have drawn the nurses out of the beaten path. We are looking forward to an increasingly interesting new year.

Miss Ella W. Hill, of Bluefield, W. Va., a graduate of Hall's Hospital, Cincinnati, Ohio, and later Night Superintendent of the Women's Hospital, New York, after completing her courses in physiologic therapeutics at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been engaged as Head Nurse for the private sanitarium of Drs. St. Clair and Fox at Bluefield, W. Va.

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A POST-GRADUATE COURSE of six months is offered in surgical nursing and in operating room work. Lectures on surgery, gynecology and operating room work, a course in massage, class work and demonstrations are arranged. Practical experience in ward management, under supervision, and instruction in the management of other hospital departments are given. The nearness of the Hospital to Columbia University permits the pupils to take advantage of special lectures offered by the Department of Nursing and Health at Teacher's College. Nurses completing the six months course receive a diploma.

For any further information apply to

Superintendent of Nurses

The Homeopathic Hospital, Buffalo, N. Y., has engaged Miss Kathrine Stevenson, of Owen Sound, Ont., a graduate of the City Hospital, Buffalo, N. Y., and of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., to teach the nurses in training medical massage and Swedish movements.

St. Luke's Hospital, of Chicago, Ill., has engaged the services of Mrs. Caroline Beer, a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., to take charge of the mechanical department of this hospital and to teach the nurses in training medical massage and gymnastics.

Mr. Edward Faust, of Philadelphia, a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, has been placed in charge of the mechanical department of the outpatient clinic of the Medico-Chirurgical Hospital and Medical College, Philadelphia. Mr. Faust is also connected with the Mt. Sinai Hospital, Philadelphia.

SPECIALIZING.

By ANNA T. PHILLIPS, Tacoma, Wash.

In this twentieth century, which is an age of prevention quite as much as of cure, it is a great blessing to mankind that more special work is being done to save the lives of the people. For many years this has been true of the medical profession, and we notice with pleasure that each year finds more of the nurses taking post-graduate work; and we should urge the recent and prospective graduate to take a "post" course in some large and well-equipped hospital. Very many new lines of work are opening for nurses, and many of them will require special study and preparation.

In a recent lecture to nurses, one of our prominent physicians expressed the desire most strongly that "more of the nurses would make special preparation for the care of infants." There is a large field in the work of saving the babies, many of whom die every year for the lack of intelligent care.

You are all familiar with the various lines of work now opening for the trained nurse, by reading the nursing journals, so I need not enumerate them.

These words of Dr. David Starr Jordan are well for us to remember: "Through modern civilization we are coming into our inheritance, and this heirloom includes the *best* that any man has done or thought since history and literature and art began; but we must work all this out for ourselves."

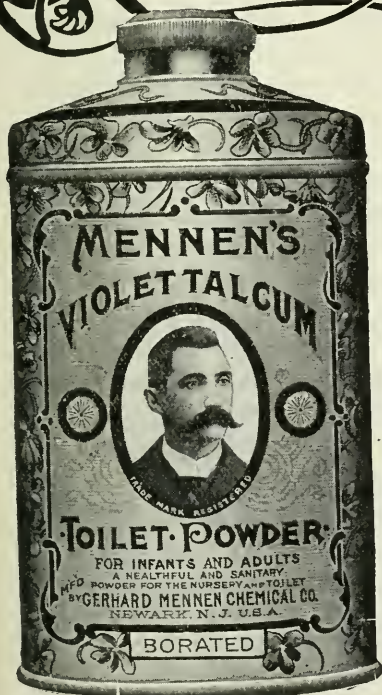
We must each put forth the best that is in us, to do our chosen line of work thoroughly, taking advantage of every opportunity for improvement, not only for our own benefit, but also that we may be helpful to those whom we meet in our daily life. We must realize that each of us carries an individual responsibility in living. This century has ready positions for the skilled laborer, either man or woman, and in no profession is this better illustrated than in our own, where the nurse who makes a special study and effort, is well repaid, not only financially, but in gratitude, from appreciative patients and doctors. "That

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social system which bids men rise, must also let them fall, if they cannot maintain themselves."

May these good words by Longfellow encourage us:

"The heights by great men reached and kept,
Were not attained by sudden flight;
But they, while their companions slept,
Were toiling upward in the night."

Nurses' Journal of the Pacific Coast.

NERVES AND NERVOUSNESS.

The interesting lecture of Sir James Crichton-Browne, M.D., given at the Prince of Wales' Hospital, Tottenham, on Thursday, November 16th, as part of the North-East London Post-Graduate College Course, was well attended; the lecture hall was crowded with doctors from near and far, and by special invitation the matron and a few of the sisters found seats in the hall.

Sir James dwelt on the various causes of the increased nervousness of people at the present day, and enlarged upon the strain and stress occasioned by the conditions of modern life, which although vastly improved since the days of our forefathers, yet made far greater demands upon our nervous energy.

He pointed out that weakness of attention is the fundamental element in nervous disease, and explained that attention is a function of the brain that needs cultivating—it is the point of attachment between the soul and reality: the great regulator of mental balance. The habit of fixing the attention steadily on one thing for any length of time, he said, was being lost: children were not trained to do so. There are too many demands on their attention in the schools: too many subjects crowded into their curriculum. The result is loss of fixity of purpose, and this is seen in adults in the decline of the appetite for steady reading. No longer can a "square meal" of literature be tolerated; "snappy" newspaper paragraphs have taken the place of more solid editorials, and picture palaces and musical comedies are preferred to tragedy.

Among the contributory causes of nervous disease, Sir James considered might be reckoned the artificial feeding of infants, the growth of unchecked dental caries with all its accompanying dyspeptic ills, the enormous increase of betting, the spread of emotionalism in all its phases. The victory now-a-days was to the vivid and nervous, not the dull and brawny, and the continued stress and strain of incessant small daily worries made nervous disease in its many forms one of the causes of the disquieting increase of insanity.

Fortunately, after this somewhat pessimistic view of modern society in general, Sir James told his hearers in plain words the cure for nervous exhaustion. Not drugs, nor expensive "cures," but rest and sleep, fresh air and good food.

With these homely and not impossible remedies at hand, and common sense with which to use them, perhaps some of us may manage to escape the well-nigh universal neurasthenia resulting from the strain and stress of our daily life.—*The Nursing Times.*

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ELECTRO-THERAPY

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ACUTE CORYZA

(Continued from page 73)

tioners who have completd their course have expressed their gratitude for the benefits they have derived, and the kind manner in which they have been treated.

The Committee have much gratification in recording their entire satisfaction at the manner in which the Matron and Resident Medical Health Officer have performed the duties undertaken by them.

The Committee consider that the result of the first year's trial affords sufficient evidence that the plan pursued has been attended with success, but they consider it would be prudent to defer any extension of it for the present. Twelve new Probationers will be admitted at the beginning of next month to fill the existing vacancies.

In conclusion the Committee beg to state that all their proceedings have been taken with the sanction of Miss Nightingale, and that in fact all important details for the working of the plan have been suggested by her.

Annexed is the account of the expenditure of the Committee up to the 24th June, 1861, and the names of the Probationers who have been placed upon the Register as certificated nurses. The net income of the fund for the past year amounted to £1,426.

J. JEBB, *Chairman.*

FIRST CLASS.

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CHARLOTTE NIXON.

HARRIET PARKER.

GEORGINA H. PIKE.

FANNY WILDE.

SECOND CLASS.

EMILY MEDHURST.

MARY ANN PHILLIPS.

CAROLINE STONE.

EMMA WHITLOCK.

N.B.—The names are placed alphabetically.

THE PULSE.

The object of the circulation is to supply a continual stream of nourishment to the tissues and to remove from them all those unhealthy waste materials which are capable of entering the blood. In order to bring about the required interchange of materials it is necessary that the blood and the tissues should be in direct contact, and also that they should be so for a sufficient length of time. Thus, although there is a continuous pressure in the blood stream, this becomes much slower in the capillaries and less intermittent. The blood is made to move, in the systemic arteries, by the action of the left ventricle, and in health its action increases or diminishes according to the amount of blood which the tissues require. Less blood is required when the body is at rest, and a greater amount during active exercise. It is really the strength of this left ventricle that we are trying to determine when we examine the pulse.

"while the paramount serviceability of a remedy is its therapeutic value, its adaptability is an item of no small import.

This is particularly true in the application of hot moist heat, the generally accepted treatment for inflammatory conditions, where its continued application is so essential for results.

To subject a patient to frequent and unnecessary dressings and exposure, as is the case where poultices, moist packs, etc., are used, not only retards the progress of treatment, but disturbs and annoys the patient and is not in keeping with advanced therapeutics.

The serviceability of antiphlogistine as a therapeutic agent is best attested by the preference accorded it by the medical profession in the treatment of Congested or Inflammatory conditions where hot moist heat is called for.

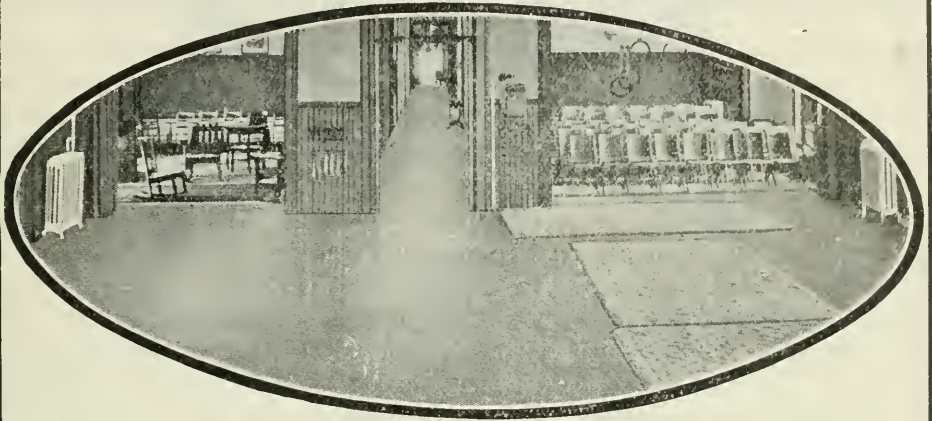
The adaptability of antiphlogistine indicates it as the best medium for the employment of hot moist heat, as it is easy to apply, holds its heat for hours and thus does not disturb or annoy the patient."

The nervous system also has some power over the condition of the pulse, as it regulates the rhythm rate and the force of the heart's contractions, and also the calibre of the arteries.

Three sets of nerves are concerned in this—the vagus nerve, the sympathetic system, and the nervous mechanism of the heart itself. The amount of control that the latter exerts upon the heart's action is not very clearly known. When the sympathetic nerves are stimulated the chambers of the heart are enlarged in capacity, and also the heart's movements are accelerated. On the other hand, when the vagus nerve is stimulated, the action of the heart becomes slower instead of quicker.

The character of the blood also, to some extent, has an effect upon the circulation, chiefly owing to the fact that its quality very readily affects the centre which regulates the heart's action.

From birth to about twenty-one the rate of the pulse lessens. After that there should be no great variation in its rate until the individual reaches the age of sixty or seventy, and the amount of acceleration then will depend upon any degenerative changes affecting the heart or the blood. There are many factors besides age, however, which affect the pulse rate. Sex, temperature, food, exertion, position, and many other conditions all have their influence. Usually the pulse is more rapid in women than in men, and, as has been stated, it is quicker in children than in adults. It is slower during sleep, more rapid after food, and also more so when standing than when sitting. In a healthy adult the pulse beat may be said to be from seventy to eighty beats a minute. When counting a patient's pulse it is almost superfluous to say that one should use a watch with a second hand. Some slovenly nurses, long past their probation, pretend to count a pulse by the minute hand, but this is, at the best, a mere apology for what is really a very important duty. Usually the pulse should be taken at the radial artery just above the wrist, though, sometimes, when it cannot be felt there, it may be perceptible at the carotid, temporal or femoral arteries, because such large arteries retain pulsation longer than the smaller. When examining a pulse three fingers should be placed lightly over the artery, not only one, and it is not merely necessary to ascertain its rate; many other points ought to be noted by the intelligent nurse, although its frequency is, naturally, a matter of pre-eminent importance in all cases of illness. It is apt to be most rapid where there is fever, but this rapidity varies in the different types of fever, as it also does with their severity. In scarlet fever it is apt to be much quicker than in enteric, while in rheumatic fever it is slower than in either of those. In children the pulse rate is very readily quickened, so one need not always take alarm when, in a child, it is noted to be more rapid than other conditions would lead one to expect. If in an adult, however, we find a pulse of 120 or 130, then we may take it that the case must be a serious one. In pneumonia, for instance, a pulse of 120 or 130 would show that the heart is very weak, and so one would constantly be on the watch to see whether it is still promising to hold its own. Should the pulse tend to become still more rapid this is evidence that the heart is threatening to give way and that more stimulants may be required. In time



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the pulse may become so quick and so "small," that it is impossible to count it, and we speak of it as a "running" pulse.

Sometimes, when there is some poison circulating in the system, we may find an unusually slow pulse. This is often noticeable in uræmia, when the blood has in it substances which the kidneys ought to have removed but have failed to. Again, we have the same slow pulse in jaundice, owing to the fact that bile is circulating in the blood.

An important point to be noted with regard to the pulse is its "size." It may be a "large" or a "small" pulse, that is to say, it may give a large or a small impulse to the fingers. The "large" pulse is common during a feverish attack, and is due to the weakening effect produced by high temperature. This weakness has its influence upon the walls of the arteries, just as upon the muscles of the body, and so the arteries cannot contract after their usual manner but, by relaxing, cause the blood-vessel to become larger in calibre. It is this which gives rise to what we speak of as the "dicrotic" pulse.

The "small" pulse gives a very slight pressure to the finger because the artery is not being properly filled with blood. It implies, as a rule, that the patient's heart is weak. If it becomes so small as to be hardly perceptible, we term it a "thready" pulse, and we recognize that the patient's condition is very serious.

Another condition, to be observed when examining the pulse, is its compressibility: and we describe it, in this connection, as "hard" or "soft." By the former term we mean that it takes a greater amount of pressure than usual to stop its beating because the artery happens to be distended with blood. In such a case we say that there is "high arterial tension." Not only does the vessel contain an increased amount of blood, but its muscular coat is contracting more than usual, owing, very often, to the presence of some irritating poison in the blood, as there is in a case of kidney disease, of which this hard pulse is frequently a symptom. A "soft" pulse is one which is arrested by very slight pressure. Usually it points to heart weakness.

In the "dicrotic" pulse there are two pulsations at the wrist for every heart-beat, the second beat being generally weaker than the first. It is common in prolonged cases of high temperature, and arises from the fact that the arteries are not being properly filled with blood.

Irregularity in the pulse is a serious symptom. This condition may occur either in connection with the force of the pulse, or the intervals between its beats. In the first case strong beats are followed by weak ones, or vice versa. In the second case the pulse goes, for a few beats, quickly, and then becomes slower. Again it quickens and again it becomes slower, and so on. Such a pulse is often found in cases where there is disease of the mitral valves, and it is always a serious symptom.

The "intermittent" pulse, in which we find a beat occasionally left out, is important according to its cause. In many cases it is a serious symptom enough, but in others it may arise from a comparatively trivial ailment, such as a liver attack or excessive smoking.—*The Nursing Mirror*.

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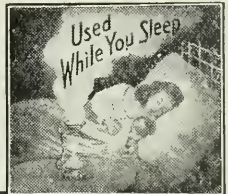
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A beautiful portrait of Florence Nightingale as she was in her later years has been published by *The Nursing Times*, MacMillan & Co., Ltd., St. Martin's Street, London, W.C., England.

The portrait is from an unpublished photograph taken in the grounds of Claydon House by the late Colonel Lloyd-Verney, a relative. All who honor the work of Florence Nightingale will be glad of the opportunity to secure this portrait. The price is 5s.

Any profits derived will be devoted to assisting a nursing association in which Mrs. Lloyd-Verney is interested.

The Care of the Baby. A manual for mothers and nurses. By J. P. Crozer Griffith, M.D., Clinical Professor of Diseases of Children in the University of Pennsylvania, Physician to the Children's Hospital; Consulting Physician to St. Christopher's Hospital for Children, Member of the American Pediatric Society and the Association of American Physicians, Corresponding Member of the Societe de Pediatrie of Paris. Fifth revised edition. 12mo. of 455 pages, illustrated. Cloth, \$1.50 net. W. B. Saunders Co., Philadelphia and London. Canadian agents, the J. F. Hartz Co., Ltd., Toronto.

The nurse is often asked to advise the mother of a reliable and really helpful work that will direct her in the care of her little child. Here is the desired book. The hygiene of pregnancy, the characteristics of the healthy baby and the growth of its mind and body are all carefully dealt with *in detail*, as are also the needs of the baby—food, sleep, exercise, etc. A chapter on the sick baby furnishes valuable information of use in emergency or until the arrival of the physician. Appendix I and II on dietary contain a number of recipes and formulæ for food mixtures that will often prove of great value.

Reference Handbook of Obstetric Nursing. By W. Reynolds Wilson, M.D., Visiting Physician to the Philadelphia Lying-in Charity, Member of the American Pediatric Society. Second revised edition. 32mo. of 256 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Flexible leather, \$1.25 net. Canadian agents, the J. F. Hartz Co., Ltd., Toronto. This convenient volume covers this subject thoroughly, and is a valuable handbook for specialists in this branch of nursing.

State Registration of Nurses. By Louie Croft Boyd, R. N., Graduate of Colorado School for Nurses. 12mo. of 42 pages. Philadelphia and London: W. B. Saunders Company, 1911. Price 50 cents net. Canadian agents, the J. F. Hartz Co., Ltd., Toronto.

This is not a discussion of the subject of registration, but a carefully compiled summary of the registration laws in force in the United States, conveniently arranged for reference or comparison. A very complete bibliography on the subject completes the volume.

A chapter on results of State registration would have been welcomed by all interested in this subject, but this may be treated in another volume.

This small volume contains much information in convenient form and will be a welcome handbook for workers for State registration.

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D. Appleton and Company, New York and London. Price, \$1.25 net.

The work of estimating the nutritive value of foods is reduced to a minimum by the carefully-prepared tables of weights and values of prepared foods given in this volume. The regulation of diet is most important, and a work which facilitates the estimation of food values will commend itself to nurses.

Dorland's American Pocket Medical Dictionary. Edited by W. A. Newman Dorland, M.D., editor "Dorland's American Illustrated Medical Dictionary." Seventh edition. 32mo. of 610 pages. Philadelphia and London: W. B. Saunders Company, 1911. Flexible leather, gold edges, \$1.00 net; thumb indexed, \$1.25 net. The J. F. Hartz Co., Ltd., Toronto.

Convenient size, clear type, thoroughly up to date in medical and nursing terms, this dictionary deserves a place in your professional library. A good dictionary is a necessity.

Nursing in the Acute Infectious Fevers. By George P. Paul, M.D., Town Health Officer, Round Lake, New York; sometime Visiting Physician to the Samaritan Hospital, Troy, New York. Second edition, thoroughly revised. Price, \$1.00 net. W. B. Saunders Company, Philadelphia. Canadian agents, the J. F. Hartz Co., Ltd., Toronto.

This work, prepared specially for nurses, is divided into three parts—the first treats of fever in its general aspects, forming a basis for further study; the second discusses each of the acute infectious fevers as to cause, symptoms, course, prognosis and care; and the third furnishes much valuable information so that the nurse may work intelligently. The illustrations are good and the text full, clear and concise. Nurses will appreciate Dr. Paul's book.

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PUBLISHERS' PAGE

OUNCES AND POUNDS.

We shall always need pure water, fresh air and decent food, and the relation of the maintenance to the restoration of health will always be best expressed by the "ounce of prevention and the pound of cure" comparison. The nurse's



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sphere has changed its scope sufficiently to embrace general health instruction with sick-room duties and she must know about the best ways to keep well.

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Stearosan is santalol combined with stearic acid and is an odorless, tasteless, light yellow, oily liquid that is insoluble in water and dilute acids but is slowly broken up by alkaline fluids. The pathological conditions in which it may be employed with advantage are precisely those in which santal oil has long been used—chronic gonorrhoea, cystitis, urethritis, vaginitis, pulmonary disorders such as chronic bronchitis, bronchorrhoea, etc. It possesses therapeutic properties fully equal to those of santal oil, over which it has the important advantage of being practically without irritating effect upon the stomach. The explanation is that the preparation is not attacked by the acid gastric juice, but passes into the small intestine, where it is emulsified by the alkaline fluid and absorbed without difficulty.

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The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VIII.

TORONTO, MARCH, 1912

No. 3

PRIVATE NURSING.

To tell the whole truth and nothing but the truth of any subject is much more difficult than is generally supposed. In fact, I think the whole truth is an impossibility, so, in speaking of private nursing, we must content ourselves with a more or less imperfect and incomplete expression by the individual nurse of the impression she derives from her own point of view and experiences.

Most of us begin our training, I believe, with what we later term "high ideals" and too, I believe, we retain these high ideals of the profession throughout our training so that we begin the work of a graduate nurse with this very valuable asset.

If, as the years pass, we lose this high opinion of the work we have chosen, let us blame ourselves. There is some defect in our practice of the profession, or possibly only in the theory of it that robs us of the full measure of satisfaction in our work.

The young woman who takes upon herself the name and duties of a nurse, and, at the same time, lacks a sympathetic interest in each and every fellow human being, has, I cannot say my sympathy, but certainly, my pity.

The welfare of others must be our aim and, in the mere accomplishing of this, must be found, to some extent, our reward, if we are to feel that we are making a success of our work.

Honesty compels us to give to our patient value for value, but if the giving of our services is anything but spontaneous, I fear we are the losers, as what sum per year would be high enough to repay us for losing ourselves in the various homes and lives of others, were there no compensation to be taken from the effects of the work upon ourselves.

None but a perfectly unselfish person can always and only take delight in her life of professional services. We will agree that absolute unselfishness on the part of a private nurse simplifies most of her difficulties, but few or none of us can claim that high degree of self-forgetfulness. We have lived a portion of our lives before taking up the work of a nurse, and it is not always easy to set aside the claims of a former happy social circle, or of the previously indulged characteristic or personal tendency, or even of our past physical ease with its luxury of undisturbed sleep and choice in its means of recreation.

Certainly our attachments to the inexpressible joys of home ties and home life must submit to a painful severing unless we can take into our hearts the great human family. Possibly what many of us miss as much as anything is the privacy and freedom of the little room at home we called our own. This little kingdom of individuality, universally dear to the girl-heart, is none the less dear to us for our having become nurses.

Yet we have chosen to do a work. Let us look about us and find out with whom we would exchange our lot. It is true that we are often exposed to the danger of infectious illnesses and our well-trained eye detects that danger where others may not dream of its existence, but are we not well armed with our knowledge of self-protection? Who would not prefer to walk securely in the midst of known germ infection than to stand aside in dread on doubtfully safe ground? And I think those glimpses behind the scenes have surely driven away for ever from us any longing we may have had for a life of ease and freedom of responsibility.

We have learned the lesson of living; that only by giving to the world our best can it give, in its own complex and intangible way, its best to us, and we become more than grateful and contented. We are happy.

An occasional nurse complains that private nursing becomes, after a time, monotonous, uninteresting. My opinion of the work is that it is too interesting, too absorbing for constant occupation. Therefore arises the necessity that a nurse put aside absolutely her professional duties for, say at least, a sixth of her time. Fortunately our fees are such that we may do this, and the vacation we allow ourselves may be devoted to the suppressed fads and fancies that too must find expression if we are to develop the all-round personality.

Each case calls for some special effort on the part of the nurse. To this case, she gives her best physical endurance and activity with ready adaptability to environment. The last one needed especially her patience, gentleness, tact and delicacy, while the one previous may have called for a full degree of dignified firmness to enable her to accurately accomplish her professional observations and administrations.

The latter is probably the services rendered most cheerfully by the average nurse, as she considers this her clearly defined duty. Her work and hers alone; no one else presumes to even think she can do this so well as the trained nurse, but though those humbler and less strictly professional duties lack the glow of absolute superiority, we should hardly complain in finding that our field of work includes the activities of our most womanly attributes.

Certainly a great variety of well-trained qualifications are expected of the nurse, but she is not the only giver. Each case should give something to us. Since each case is in some way different to all others, we at least gain in experience, but as well each case should in some way add to our list of sympathies as each presents a different insight into the life or lives of others.

Those who know humanity best love it most. In literature and other works of art we are ever striving for the real. We want only the real, the true. What other walk of life then, in all the world, offers the opportunity of close contact with human nature, that the private nurse may have for the taking.

The rich and the poor, the learned and the unlearned, are but great divisions of mankind containing a thousand and one subdivisions and combinations, and all lie disclosed before the intelligent nurse for observation and contemplation. The luxury of this privilege should make our lives rich.

Being women, we are naturally interested in such subjects as domestic science, domestic help, woman's rights, child discipline and family harmony. If

the nurse with her trained observation and ample experience cannot solve these problems then, I fear they are beyond woman-kind.

To be able to do our duties faithfully and to still have ambition and energy to grasp and make the most of our many opportunities, we must guard our store of precious health. We all know how to do this, but many of us, under the pressure of circumstances, sacrifice health as readily as we give up our personal time or social engagements. This is unwise. A moment's thought will convince us of the necessity of health if we would attain success in our effort to be the desirable, well-read, modern, progressive nurse.

ANNIE KENNEDY, Brandon, Man.

OBSTETRICAL NURSING.*

The routine care and treatment of patients in the Maternity Department ("Burnside") of the Toronto General Hospital.

While our routine at the Burnside has altered considerably in the past few years, there are few real changes in our actual nursing. We adhere to a great many of the old methods that were so ably and firmly impressed upon us by the late Miss McKellar, whom most of you will remember.

We continue to use the "nine pins" in the abdominal binder, and stand on the "left side" of the patient to pin that binder on; there is no better way. The old jute has been done away with and we use absorbent cotton for our washers. Since the buttercloth has been denied us, and we are forced to use thin surgical gauze for our vulva dressings, it has been necessary for us to give up the style of pad known to us as the "Snively" vulva pad, that has been used in the Burnside for so many years.

It is gratifying to notice the decrease in the percentage of our unmarried mothers, each year they seem to become fewer in number. Our average is kept up, however, chiefly by the poor married women who have recently emigrated from the British Isles and Finland.

I feel I am not exaggerating when I say that quite ninety per cent. of our unmarried patients are feeble-minded, some of them are exceedingly deficient mentally.

Immediately upon admission to the public ward of the Burnside, a patient in the first stage of labor is taken to the bathroom and her preparation is begun.

First of all a simple enema of two pints is given. The vulva and pubis are then clipped carefully, after which a full tub bath is given, the hair washed, and the body examined for eruptions of any nature. Then follows a vaginal douche of lysol dr. i, green soap dr. i, and water one quart. The body from the waist line to the knees, and lastly the external genitals are thoroughly cleansed with green soap and water and lysol one-half per cent. After this the vulva is carefully protected with a (1-3000) bichloride pad, the patient is put to bed and made ready for immediate examination by the house doctor.

The external pelvic measurements are taken and recorded, the abdomen is palpated and a diagnosis made as to the position and presentation of the child in utero. Then, in order to ascertain how far labor has advanced, the house

* Read before the Alumnae Association of Toronto General Hospital.

doctor scrubs up, and with a gloved hand examines, vaginally, the patient who has been placed in the modified Sims or the dorsal position as desired by the doctor.

Until dilatation is complete and the bearing down pains begin, the patient is allowed to move about, providing, of course, the membranes have not ruptured, in which case the patient is kept in the recumbent position in bed. The patient is closely watched, the vulva washed off and pads changed from time to time, until such time as is necessary for her to be placed on the clinic bed. Throughout the first stage, and the beginning of the second stage, a simple enema is given every twelve hours and the bladder is emptied at least every five hours, either voluntarily or per catheter. If, however, the bladder becomes distended before the five hours are up, it is our duty to see to it that it is emptied.

Just here I might say that our visiting obstetricians tell me that they have a great deal of trouble in private practice with nurses overlooking that important part of their work; we therefore place great emphasis upon that point in our training at the Burnside. We all know that the distended bladder not only causes the patient great discomfort and abdominal pain, but subjects her to the great danger of having the bladder wall ruptured during the pressure upon the distended organ, brought about by the forceful pains of the second stage of labor.

When the bearing down pains begin the patient is put on the clinic bed, the laparotomy stockings are drawn over the legs and thighs and firmly pinned to the night dress that has been turned up underneath so that it is but long enough to reach the waist line. The patient lies on her left side in the modified Sims position, the shoulders are protected by a neatly folded sheet and the buttocks and thighs by sterile towels. Sometimes, as the pains become very strong and the head is progressing very rapidly on to the perineum, a light anaesthetic is given, just sufficient to take the edge off the pains and to allow the perineum to thin more gradually. Immediately the head is born the patient is turned on her back, the infant's eyes and mouth washed with 1-40 boracic acid, and the mucus drawn from the child's throat by means of a glass tube or rubber catheter. When the child is born and pulsation has almost ceased in the cord, the cord is clamped in two places, tied with double crochet cotton and cut. The infant is received in a towel-lined blanket and removed to the nursery.

In cases where the patient has had morphia during labor, or where a heavy anaesthetic has been given, or where there has been a long, slow labor with hard ineffectual pains, there is usually need of employing artificial means of resuscitating the child. Under the above condition we always have ready baths of hot and cold water in which to immerse the child if necessary.

Immediately after the birth of the child the fundus is firmly gripped and held for twenty minutes at least, after that, if there have been three firm contractions of the uterus, the placenta is expressed and is received in a basin lined with a sterile towel, examined carefully, then weighed and the length of the cord measured.

During the interval between the birth of the child and that of the placenta, if perineal repairs are required they are usually made. If the lacerations extend to the bowel, or in cases of primary post partem haemorrhage, or where the

condition of the patient is such that she cannot have more anaesthetic, then the repairs are left and are made about the third day. In all cases of perineorrhaphy we use chromic catgut for buried sutures and silk worm gut, prepared in a solution of iodine, for external use.

For a forceps delivery the patient is placed on her back, anaesthetized, placed in the lithotomy position and brought to the foot of the bed, the catheter passed, the external genitals again scrubbed with green soap and water and lysol solution, one-half per cent., and the thighs protected with sterile towels. The axis traction forceps are applied. Immediately the head is born the patient is drawn back, the legs lowered, and the remainder of the case conducted in the same fashion as the normal case before mentioned.

In any case, at the conclusion of the third stage of labor, the external genital organs are washed with lysol solution, one-half per cent., followed by a solution (1-3000) bichloride of mercury, and a pad of moist bichloride (1-3000) is placed over the vulva, a firm abdominal binder is applied and the patient is ready for bed.

Dr. McIlwraith does not consider the abdominal binder essential, in fact he maintains that the day is not far distant when it will be dispensed with entirely. We find that while it has no effect upon the involution of the uterus or the woman's figure later on, it certainly adds to the comfort of the patient in giving support to the suddenly relaxed muscles.

The dressings are done every four hours during the first twenty-four hours and every six hours after. The bichloride of mercury pad is used throughout the period the patient is in bed.

Just here I might mention that where the patient has perineal stitches we dry them carefully after the usual flushing and pack them carefully around with sterile absorbent cotton and place the bichloride pad forward over the vaginal orifice.

Each day after the morning dressing, when the bladder has been emptied, the height of the fundus above the symphysis pubis is measured and recorded on the chart. The character and amount of lochia is also observed and recorded each day.

On the morning after the second day an ounce of *Ol. ricini* is given, and after that has had the desired effect we use, when necessary, Burroughs' Wellcome Vegetable Laxative Tabloid ii, at bed time. On the second day, if there has been no haemorrhage, and if there has not been an extensive perineorrhaphy, the patient sits up with the back rest for half an hour, and each succeeding day a little longer until she is sitting up most of the time.

On the eighth day the stitches are removed, and on the tenth day, if the fundus is down and the temperature has been normal for four days, she is allowed to get up. She leaves the hospital on the fourteenth day.

Normal cases throughout have full diet, with a nourishing fluid between meals, and two fluids during the night. This, of course, is subject to changes according to the condition of the breasts after lactation takes place.

For pendulous breasts and breasts that are swollen and tender from the engorgement at lactation, we find the application of a fairly snug breast binder gives support and relief. Where there is a superabundant secretion of milk and

the baby cannot relieve the condition sufficiently, we pump the breasts after each feeding and apply a snug breast binder, give purgatives (usually magnesium sulphate) and reduce the amount of fluid and solid diet. Again where we have persistent abundant secretions of milk, with caking and redness of the glands, we reduce the diet to a minimum, give calomel and magnesium sulphate, the latter in repeated doses until the bowels move very freely, the breasts are relieved by means of the breast pump, and a snug breast binder securely applied, keeping in place a dressing of antiphlogistine. Openings are cut in the binder to allow the nipples to protrude so that the baby may nurse and the pressure still be maintained. The antiphlogistine is changed once in twenty-four hours.

Where there is insufficient milk the diet is increased, with a large amount of fluids. Malted milk, gruel, cocoa and milk are largely used as fluids between meals and in the night. Purgatives are avoided, and if necessary enemata are given.

Where it is desirous of suppressing the secretions entirely, before lactation has taken place, the tight binder is applied, using great care to pad around the glands and up to the shoulder in order to make even pressure. Calomel and magnesium sulphate are given in repeated doses until the bowels move about three times in twenty-four hours. The diet is extremely light with no fluids. If the breasts become very painful morphia is given. For suppressing the secretions after lactation has taken place the above methods are followed, but before applying the breast binder the breasts must be emptied by using the breast pump.

For tender and cracked nipples we apply an ointment of equal parts of oilum ricini and bismuth subnitrate after each feeding and directly over this is placed a zinc nipple shield. When the cracks are at the side or base of the nipples we apply a hot boracic acid compress for six hours, then touch the base of the fissures with the eye end of a probe which has previously been dipped into pure carbolic acid. Follow this with an application of alcohol ninety per cent. and apply the oilum ricini and bismuth subnitrate with the zinc shield before mentioned.

For depressed nipples we draw them out with the breast pump, and when that is not sufficient we are forced to resort to the use of the glass nipple shield. This shield is, however, to be avoided and should only be used in bad cases of depression of the nipple or where you have a badly cracked nipple that bleeds at the nursing.

In cases of post partem oozing the nurse is allowed to give fluid extract of ergot dr. i, and may repeat it after twenty minutes if necessary. (We have just begun the use of the extract of the pituitary gland for uterine inertia and post partem haemorrhage. It has been used on a few cases and has proved to be very prompt in its action. One cc. of a twenty per cent. solution is given hypodermically.)

For post partem haemorrhage the nurse may give ergutine .6 cc. per hypodermic and a hot (118 degrees) vaginal douche of sterile water, passing the nozzle high into the vagina.

For subinvolution of the uterus we give fluid extract of ergot dr. i twice a day for two days and keep the patient in bed.

For foul odor to the lochia without general infection, we give a lysol one-

half per cent. douche twice daily, the nozzle to be introduced but a short distance into the vagina and the douche to be given at low pressure. An antiseptic vaginal cone is frequently introduced into the vagina twice a day after the douche.

For after pains when they are severe we give morphia, hypodermically.

All cases of puerperal infection of a general nature are transferred to the fourth floor of the main building for treatment.

The New-born Babe.

The new-born, full-term, healthy baby is taken to the nursery, the eyes flushed with 1-40 boracic acid, and gtt. ii of a forty per cent. solution of argyrol dropped into each eye.

The entire body is oiled with warm olive oil and the babe placed in a warm cot until such time as it is to be bathed. There is no hurry about the bath, neither is there need of more than half an hour to transpire from the birth of the child until it is tubbed. That half hour gives the olive oil sufficient time to dissolve the vernix caseosa.

Before the baby is bathed it is weighed and the length is measured, and both recorded on the infant's history sheet.

The first bath is given by immersing the child in a bath of water at a temperature of 101 degrees F., using olive oil, castile soap and considerable friction. The bath completed, the body is examined for birth marks, deformities and abnormalities of any kind. The umbilical cord is thoroughly dried and wrapped in dry bichloride gauze, this is secured in place by means of an abdominal binder. The cord dressing is changed daily after the morning bath. A small piece of adhesive plaster (upon which is written the infant's surname) is then adjusted between the shoulders, and after powdering the folds of the skin and the buttocks, the child is dressed in the "Gertrude" suit. This suit consists of three triangular diapers, one white flannelette slip without sleeves and a cotton dress. The eyes are then flushed with 1-40 boracic acid and the baby is returned to the warm cot, on which a tag with its name and number has been placed.

We allow the mother to rest for at least six hours before putting the baby to the breast, after which the child is nursed every six hours the first twenty-four, every four hours the second twenty-four, after that every two hours during the day, and every three hours during the night. Before and after each feeding the baby's mouth is washed with glycothymoline 1-3, and the mother's nipples thoroughly cleansed with 1-40 boracic acid.

After the cord is off we do not continue the use of the abdominal binder unless there is a protusion of the umbilicus or where there is a discharge of the umbilicus that still requires a dressing kept in place.

The second bath and those succeeding are given with the baby on the knee, until such time as the cord is off and the umbilicus healed, then we begin tubbing daily.

Each baby is weighed before the morning bath and the temperature is taken twice daily; these with the number and character of the stools are recorded on the infant's chart.

All premature babies and those weighing less than five pounds are not bathed but are oiled daily with warm olive oil and wrapped in a dress of batting.

When the five-pound mark is reached the baths begin and the bathing dress is discarded for the usual "Gertrude" suit.

In the early history of the Burnside Hospital you may remember it was the rule, when a nursing mother had not sufficient milk for her baby, that her child was taken to the breast of a mother who had more than she required for her own little one. That method is entirely given up and as auxiliary feedings for insufficiently fed babies we give a formula from a feeding bottle. We use a mixture of cream and whey almost entirely, and it gives great satisfaction. Where we have a totally artificially fed baby we find the same formula, only in a larger quantity, proves satisfactory for the first three weeks of life, then a change in quality is essential. We have very few infants with us longer than the first three weeks of life, but for those few we have found Horlick's malted milk to be excellent food for the totally artificially fed baby.

For an infected cord we clean up the part with an alcohol swab on a tooth pick and apply the dressing used in the Burnside Hospital for years—moist bichloride 1-5000 changed every four hours.

For constipation or ordinary green stools we give castor oil dr. i. For persistent green stools we give Gray powder grs. $\frac{1}{2}$ twice a day for two days. Never do we give a purgative to a premature baby but use soap cones or injections if necessary.

For high temperature in the new-born baby our usual treatment is a colon irrigation of cold sterile water Oi for a temperature of 101 degrees or over. This is marvellous in its results.

W. M. BRERTON, Toronto.

THE PLACE OF APPRENTICESHIP IN VOCATIONAL EDUCATION.

(Continued from February)

Examples could be multiplied, but these will be sufficient to illustrate the tendency in industrial and to some extent commercial education. It seems to be the general opinion among pupils, employers, educators and the intelligent public that these methods are a decided advance over the old type of apprenticeship training. Some of the results noted are:

1. The attraction of a better class of applicants.
2. Increased intelligence in the carrying out of instructions.
3. Fewer accidents and mistakes.
4. Increased earning power—more rapid promotion.
5. A finer product—more finished work.
6. An increase of output and less waste in production.
7. A greater interest taken by boys and girls in their work.
8. A general improvement in the moral tone of the shop.
9. A finer spirit of co-operation between employer and employee.

The testimony of many employers goes to prove that all these gains more than offset the loss of time due to class work. "The training in the school and shop is better than the old apprenticeship training in the ratio of five to one," one man says; another that "Ten hours theory per week in a good mechanic

art's school fits a boy to go on with those who have spent fifty hours a week in the regular way." This is the judgment, not of educational theorists or sentimentalists, but of hard-headed business men. The graduates of these better schools are so greatly in demand that they cannot be trained quickly enough to fill the excellent positions waiting for them.

Now how does this apply to the training of the nurse? We have seen that in all essential characteristics our schools are still fairly close to the original apprenticeship type. This was not the plan of Florence Nightingale, who insisted that the school of nursing should be independent of the hospital in support and administration. That wise arrangement we have not perpetuated, and the results of the other system are before us. We have traced its effects in other types of vocational education and find that they correspond fairly closely with the outstanding defects in our own. Our limitations seem to be the limitations of an antiquated system of education.

It is true we have modified it considerably and introduced many new features in the purely practical training. The preparatory course is a great step in advance, and the number and character of the lectures and class work is improving each year. We are beginning to see the importance of having trained teachers and of affiliating with technical schools and colleges for some of the scientific subjects. But our proportion of theory to practice is still far below that found in the trade schools. There one hour of theoretical teaching to two of shop work is a common ratio, more frequently perhaps one to four or one to eight, while in the best of our nursing schools it is very doubtful if the proportion would be higher than one to twenty for the eight months in which lectures and classes are given. Of course it is usually expected that one or two hours daily will be given to extra study, but all of this time and very often the time for lectures and classes is outside of the ten hours daily duty or the twelve hours night duty which still prevails in most of our hospitals.

We may as well admit also, that bacteriology as usually taught, chemistry (where any is given), even our anatomy and physiology, would scarcely be accepted in most good high schools. A ten-hour theoretical course in bacteriology, or a twenty or thirty-hour course in anatomy and physiology, would be considered absolutely inadequate by an intelligent dairyman, or an up-to-date farmer. The barbers and hairdressers in the German schools have twelve to twenty-four hours theory per week. Much fuller and more thorough courses in all of these subjects are demanded of any woman who is to teach cooking to children in the public schools. Any good high school teaches more of foods and the chemistry and physiology of nutrition than is given in the majority of our training schools. Lack of time, lack of adequate support, ignorance of the real need, are accountable for these things.

Of course it will be urged that our results are far in advance of our methods, that our students pick up a great deal incidentally and that common sense and the nursing instinct will supply most of the deficiencies. But is this true? We do have many intelligent women in the profession, but as a rule their intelligence is the result of previous preparation and individual study. On the other hand, with our low standards of admission, the profession is being overcrowded with women of the poorest educational attainments, who can only

be expected to reach even a fair degree of intelligence in their work by systematized and thorough training. It is these who need to be helped most, if they are to be retained at all.

I do not propose to rehearse what must be very familiar to most superintendents—the failings of graduate nurses. I have been very much interested in the nature of these complaints. Omitting the very common charge of commercialism, which seems to be taking hold of many other professions besides our own, the general complaint is far more that she “does not seem to understand her job” than that she is “overtrained.” Educationalists frankly condemn our methods of education. High school principals will not urge their bright students to go into our schools on account of low standards, and parents object on account of the conditions imposed. College women hesitate to enter a profession where there is so little opportunity for getting at the reasons of things. The best of our nurses themselves never cease to lament the deficiencies in their theoretical preparation and go halting all their days for lack of it.

For all this, the work of nursing is so vital to the well being of the community, and has in itself such enduring attractions, that more and more women are being called to it every year. Our responsibilities thicken with the rapid enlargement of our field. To the simple bedside care of the sick, under the watchful supervision of the physician, has been added the social and educational duties of the school nurse, the municipal nurse, the tuberculosis and infant mortality nurse, other forms of social service. The administration of anaesthetics, nursing of the nervous and insane, certain forms of research and statistical studies and many other branches requiring a wide and special knowledge of the social sciences, of conditions of mental as well as physical health and disease, have been added. The public looks to the nurse not only to care for them in sickness but to advise them how to prevent sickness. In an age when every popular magazine contains articles on hygiene, and every newspaper advertises quack nostrums and exploits under scientific guise new healing fads, the nurse who is to help others into sane and healthy modes of living must herself be able to detect the true from the false. In no better way can she support the medical profession than in thus pointing to the rational basis for the prevention and treatment of disease. Common sense or intuition will not teach her these things, neither will a working experience in a hospital do it. There must be some way whereby every nurse will be able to acquire under fair conditions that kind and that amount of scientific knowledge which will enable her to practise her profession safely, efficiently, with joy and satisfaction to herself, and with the maximum of service to the public. I do not need to add that this professional preparation should concern itself strictly with nursing—not with diagnosis, nor with surgery, nor with the practice of medicine—nursing as Florence Nightingale defined it.

If the facts presented in this study of the apprenticeship system are correct, and the deductions logical, we are forced to the conclusion that there is little chance for any substantial progress in nursing education under the present arrangement. It would be unreasonable to expect that the hospitals would turn their scanty enough funds toward the building and furnishing of class-rooms and laboratories, and the support of large faculties of instruction. They furnish

us the most valuable possible laboratories, with opportunities for observation and for practise, that we cannot value too highly or too securely maintain. The conditions of which we complain are not inseparable from that service. If industrial corporations and universities can arrive at equitable and effective methods of co-operation, it should not be impossible to philanthropic institutions and schools of nursing.

This problem of nursing education is too heavy a problem, and too fraught with momentous possibilities for public good or public ill, to rest entirely on the shoulders of one body of women. It is the people of the country, not the teachers themselves, who support teaching education, and we have seen that the same is true to some extent of agricultural education, of engineering education, of domestic science, etc. There is a distinct tendency toward the state control of vocational training. Certainly if state support is to be distributed according to need, or according to the importance of the public contribution rendered, there are few vocational schools which should receive more ample endowments than the future schools of nursing.

It seems to me we would do well to swing into these educational movements which are stirring all around us and to get in touch particularly with the new plans for vocational education in the high schools as well as in the technical colleges and universities. They are waiting to know what we want of them. We are practically sure of their co-operation. It only remains for us to study out our problem and to present it in such a way that the public, and its representatives in the state, will see how inevitably the common welfare is affected by methods of nursing education. Only then will we have the regulation and support which is needed to put our professional schools on a universally just and adequate, economic and educational basis.

ISABEL M. STEWART,

Department of Nursing and Health, Teachers' College, New York.

CORRESPONDENCE.

Dear Editor,—Because of changes being made by the German Board of Education in the summer vacation, Sister Agnes Karll has had to withhold final announcement of the date for the Congress of Nursing to be held in Cologne and this in turn has delayed me in writing to remind your readers of the meeting. However, it is now decided that the meeting will open on August 4th.

May I remind nurses' national organizations that we hope to get one full report from each country, showing the extent of all new lines of nursing, such as may be called "social" or "preventive" work, either in the public services or under private initiative? Of course, public school nursing is included with new developments in visiting nursing, and every similar branch of what Florence Nightingale would undoubtedly call "Health Nursing."

From every country where registration is in force, we ask also a report on the workings of State registration—what it does, how it may be improved, whether it is or is not a force for the advancement and strengthening of good nursing standards.

We do not now need the general kind of report which we formerly asked for countries in membership, as we now know pretty well the general lines of

one another's development. But we hope to take up seriously and steadily the work of studying, comparing and standardizing nursing education the world over. This will be done in connection with the reports of the Education Committee, of which Miss Hubrecht, of Holland, is secretary. I am,

Yours sincerely,

LAVINIA L. DOCK, R.N.,

Secretary International Council.

Detroit, January 22nd, 1912.

On behalf of Fanny Wilde McEvoy, the aged Nightingale nurse for whom an appeal was made not long ago in "The Canadian Nurse," I wish to thank the nurses of Canada for their prompt and generous response. Ontario, Quebec, Nova Scotia, Manitoba, Alberta and British Columbia nurses' contributions have come to me for her; in most cases the offer was made to repeat the contribution should it be needed. And in various centres there are nurses at work creating interest in this old veteran of the nursing profession.

I am glad to say that, despite her absolutely dependent condition, Mrs. McEvoy is happier and more comfortable than for many years. She has had a long, hard struggle with pinching poverty, haunted with the dread of want which was never far off. Now that she is assured of an allowance sufficient for her simple needs, she is grateful beyond expression. She accepts everything as coming from the Lord, which under the circumstances is quite proper, I suppose. Nurses and friends in Detroit saw that a sumptuous Christmas dinner was supplied her, together with numerous useful gifts. Altogether, she said she had not had such a Christmas since she left old England many years ago.

Many Canadian nurses living in the United States also came forward with assistance. There is no doubt but that with a little effort every year she can be kept supplied with everyday necessities.

To the editor of "The Canadian Nurse," who promptly let the needs be known, and to the nurses who have not only themselves contributed personally, but enlisted many others in her behalf, special thanks are due.

Faithfully yours,

CHARLOTTE A. AIKENS.

My Dear Fellow-workers,—May I have a chat with you, through the columns of "The Canadian Nurse"?

I wish to express my keen regret that we, Canadian nurses, do not more loyally and royally support our nursing journal—the one and only official publication of its kind throughout the Dominion of Canada. I wish to refer not only to the lack of subscriptions, but also to contributions to its columns. Remember, it was for us, and for the advancement of our profession, that it was called into existence, and through many and varied vicissitudes it has served us well.

Fortunately it has ever had a steady hand at the helm—otherwise it would have been wrecked and lost whilst heroically pursuing its rugged, rocky path.

The recent articles explaining clearly and concisely the limited circulation and hence financial condition of our magazine have no doubt been a surprise to many. It certainly has been to me. This state of affairs is due, I am confident, not to lack of appreciation, but through carelessness on our part.

It is high time that we, as nurses, should wake up to our responsibility in

this matter and see to it that our names appear on the list of subscribers, that we speak a good word for our journal, in season and out of season, and when anything comes up in our nursing career which might be of general interest do please let us pass it on to the readers of "The Canadian Nurse"—then not unlike the little bootblack who contributed his penny to a worthy object we shall feel that "we have an interest in the concern." I care not how many other nursing journals we may receive, it is our bounden duty and should be our pleasure to first set in order those things which, as it were, pertain to our own household.

I feel sure there is much talent lying dormant amongst our Canadian nurses. Let us all try to help our zealous editor. Yes, even though we overwhelm her desk with our embryo literary efforts. If so, then we shall have the honor of being included in that number to whom our talented author, Agnes Dean Cameron, dedicated her interesting book, "To those who just do the best they can."

Faithfully yours,

ANNA ASENATH HAWLEY.

The Reserve, Fort a la Corne, Saskatchewan.

THE SCHOOL NURSE.

The Canadian Public School Nurses' Association held its annual meeting at the home of Miss Mary A. Kingstone, Jarvis Street, Toronto, on February 5th. The following officers were elected for 1912: President, Miss Lina L. Rogers, R.N.; Vice-President, Miss Ella J. Jamieson; Recording Secretary, Miss Nellie Hatch, 33 Dundonald Street, Toronto; Corresponding Secretary, Miss Edith M. McCallum; Treasurer, Mrs. J. L. Thorne; press representative, Miss Muriel MacKay. A delightful time was spent and refreshments served at the close of the business meeting.

Ten new medical inspectors and six nurses have been appointed recently in Toronto. The staff consists at present of chief medical inspector, superintendent of nurses, eighteen medical inspectors, one dental inspector, twenty-five nurses. There are seventy-five schools with an attendance of 45,000 children.

Among the interesting things brought to light by the nurses during their investigations are the following: One nurse took all the anaemic and under-nourished children in the district to a hospital clinic and found twenty-six had incipient tuberculosis. Another nurse referred the cases of discharging ears to the medical inspector for special examination. Cultures were taken and in five cases diphtheria germs were found.

In Regina, Dr. Harte, Superintendent of the Tuberculosis Sanitarium for Saskatchewan, has volunteered to examine all cases of suspected tuberculosis among school children not having a family physician. This work is much appreciated, for, as yet, we have no free clinics. In addition to this, Dr. Harte has lectured in all the schools on the prevention of tuberculosis and has offered prizes of \$5, \$3 and \$2 to Grades VIII, VII, VI and V respectively for the best essays on the subject. The large and attractive exhibit presented at the lectures won enthusiastic attention from all grades.

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Editorial

THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES.

The annual meeting of the Canadian National Association of Trained Nurses will be held in Toronto on April 4th at the Toronto Graduate Nurses' Club. Arrangements are being made for an interesting programme and a good attendance of delegates from every Province in the Dominion is earnestly hoped for. The Canadian Hospital Association meets on the two following days at the Parliament Buildings, Toronto.

COLOGNE.

Nurses who are planning to attend the International Congress of Nurses at Cologne will read Miss Dock's letter with interest. The date for the opening is August 4th. *The British Journal of Nursing* says:

"Two functions are settled. (1) That the Congress is to be entertained at a municipal banquet on the opening day, and (2) that the Congress will close with a presentation of the Nursing Pageant in the magnificent Gurzenich—which lends itself splendidly for the purpose.

"The presentation of our pageant will be a great historic event at Cologne."

So you will have an opportunity of viewing the "Nursing Pageant," which is a great privilege.

The reports on new lines of nursing from each country will be both interesting and instructive, and those on Registration from the different viewpoints should prove very helpful to those countries which are trying to secure registration for nurses. We are expecting great things from Cologne.

NEWFOUNDLAND.

Newfoundland has its princely benefactors too. The Messrs. Reid, of St. John's, have come forward with a magnificent offer to the Government to help in the war that is being waged against tuberculosis.

Mr. W. D. Reid offers to build, furnish and equip a sanitarium, cost about \$50,000, for the treatment of tuberculosis in St. John's. Messrs. H. D. and R. G. Reid and the Reid Newfoundland Company offer to build, furnish and equip a smaller sanitorium, cost about \$3,000, in each of the sixteen external electoral districts. These sanitoria, when complete, are to be handed over unconditionally to the Government to manage and control.

"The appropriateness of the gift and its timeliness will combine to fix it in the public mind as an admirable example of doing a thing wisely and well, and of earning for the generous donors the heartiest thanks of the people of the colony. The gift is conceived in the best spirit of the modern idea whereby captains of industry regard themselves as trustees in a measure for the communities in which they are established, and set apart a portion of their wealth for the promotion of movements calculated to make life more pleasant to the mass of those among whom they dwell. In no more enlightened or commendable direction can this be done than in assisting in reducing the annual toll of human lives taken by this disease."

The work for the prevention of tuberculosis has grown to such proportions

that the Government decided to assume control. Just at the psychological moment this magnificent offer is presented, which will enable the Government to carry out its new policy promptly and effectively. The people of Newfoundland are profoundly grateful for this princely gift.

THE CANADIAN NURSE.

Have you read Miss Hawley's letter? If not, do so now. Then consider whether you have heeded the request to help augment our subscription list. A good subscription list is necessary to the success of any magazine. "The Canadian Nurse" is no exception to this rule. The list is growing, but slowly. That is because you haven't yet sent in your new subscriber. Don't delay any longer. You want to assist in the improvement of the magazine, and this is one of the ways. As Miss Hawley says, "We have an interest in the concern." Let us see the evidence of this interest, even to the "overwhelming of the editor's desk."

NURSES FOR INDIA.

The nursing of the sick in hospital varies little whether that hospital be in India, England, China or America. But to properly man the hospitals of India or China, so that they may measure up to the full capacity of their usefulness, is another question. This matter is brought to our attention by a letter from Dr. M. S. Wallace, of the Medical School of Tadhiana, India, in which she says: "We have a large hospital in connection with the school and thirty Indian girls in training but only one 'sister' to train them. We want three more. The work is not harder here than at home with a full staff. Most of the nurses understand English. They are young and don't understand responsibility but they will make good, useful women under proper training."

Superintendents of training schools in India are working hard for the efficient training of their pupils, but this is a difficult task without a full staff. This appeal should call forth a response from some hearts. India needs nurses! Who will go? This is a large field of opportunity and will enable you to have a part in building up the profession in India. (Dr. Laura Hamilton, 68 Macpherson Avenue, Toronto, will be glad to answer further questions.)

It is interesting to note that among the recipients of honors bestowed by their Majesties, King George and Queen Mary, at the Durbar in India are some well-known nurses. *The Standard* has this note: "Among the honors bestowed by their Majesties in India, several awards to well-known nurses should stimulate the 'honors for women' movement at home, for at the Delhi Durbar the Kaiser-i-Hind Silver Medal, Second Class, was bestowed on Senior Nursing Sister H. A. M. Raith, of Queen Alexandra's Indian Military Nursing Staff, and Lady Superintendents M. L. Hayes, E. A. Wildman, R.R.C., and E. S. Kelly."

It is a source of gratification that the nurses of Canada have responded so generously to the appeal for Mrs. Fanny Wilde McEvoy. Miss Aikens, in her letter of appreciation, states circumstances as they are at present. And we feel sure the necessary yearly effort will be made so that this veteran nurse will be kept comfortable for the rest of her days.

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Regular meeting, first Tuesday, 8 p.m.

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Representative "The Canadian Nurse"—Miss McNeil, 505 Sherbourne St.

Regular meeting, first Thursday, 8 p.m.

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Regular meeting, second Monday, 3 p.m.

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Regular meeting, second Thursday, 3.30 p.m.

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Regular meeting, second Tuesday, 3 p.m.

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The Association meets every six weeks.

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Regular meeting, first Friday, 3.30 p.m.

The Guild of



Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M.G.H., 6.15 a.m.
 Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service
 at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 a.m.
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TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.
Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

The first meeting of the season was held on Monday, November 27th, at the Residence, Hospital for Sick Children, where there was a good attendance of members and several nurses from the H. S. C. Miss Frances Kingstone was made a member and Miss Allwood admitted as associate. The next regular meeting, falling on Christmas Day, was postponed till Saturday, January 27th. There was a fair attendance. After the service and address by the chaplain on the Epiphany, Miss Maude Haslett was admitted as associate member. Several senior nurses of the Hospital for Sick Children were present. The meeting was adjourned after a social half hour. The next regular meeting will be held on February 26th.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

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The regular meeting of the Executive was held at the Residence, Hospital for Sick Children, on Wednesday, February 7th, at three p.m. Eight members were present. Some letters were read re the annual meeting, and further plans made. We hope soon to announce the programme.

A letter from the W. C. T. U. asking assistance in some way for their new home. Many homeless girls are cared for during the year and the work is in every way worthy. Ten dollars was voted to help in equipping the new home.

Miss de Vellin was appointed convener of the Nominating Committee. It is hoped the members will do everything possible to facilitate the work of the committee.

A committee was appointed to confer with the Canadian Society of Superintendents of Training Schools for Nurses in arranging the date of the annual meeting. Will members note that the annual meeting will be held in Hamilton and plan to attend.

There are still some members in arrears to the Treasurer, who hopes this matter will be attended to before the time for mailing the ballot papers. While the Association is not seeking legislation this year, it nevertheless hopes that every organization of nurses in the Province is making a careful study of the question and getting ready for the future campaign.



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

Established 1895.

Incorporated 1901.

President—Miss Phillips.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison Street.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 75 Mansfield Street, first Tuesday, 8 p.m.

At the January meeting it was decided to change Article IV of the Constitution to read "two years' training" as the Association has had so many applications for membership from graduates of hospitals of recognized standing which give only a two years' course.

The lecture on Tuesday evening, February 7th, was not as largely attended as usual, so many of the nurses being busy.

Dr. Penwyeh was the lecturer, his subject being "Fractures." He was listened to with rapt attention. Several very useful hints were given the nurses regarding symptoms. The doctor went to a good deal of trouble, bringing a number of splints and explaining the different ways of applying them. At the close Miss Phillips thanked the lecturer and a hearty vote of thanks was tendered by the nurses. The usual social half hour was spent.

Miss Colquhoun has returned to the city after several months' absence and was given a hearty welcome by her many friends and particularly by the C. N. A.

The C. N. A. tenders its deepest sympathy to the Misses Smith of the R. V. H. and the M. G. H. in their late bereavement.

Several of the nurses have been ill and those who have reported their illness to our Registrar have been cheered by flowers from the committee.

Dr. Chipman will be our lecturer in March and we hope the nurses will come out in large numbers to hear him. Dr. Chipman never fails to give us help and inspiration for our work.

We would like to speak a word on behalf of our magazine. Are all the nurses subscribing and soliciting subscriptions? With very little trouble one of our committee secured six names at our Tuesday evening meeting. The journal is our own and we should all work for it.

My Scallop Shell of Quiet

*Give me my Scallop Shell of Quiet
 My staff of faith to walk upon,
 My scrip of joy, immortal diet,
 My bottle of salvation,
 My gown of glory, hope's true gage,
 And thus I'll take my pilgrimage.*

*Blood must be my body's balmer;
 No other balm will there be given;
 Whilst my soul, like quiet palmer,
 Travelleth toward the land of Heaven.*

*My soul will be a-dry before,
 But, after, it will thirst no more.*

MY SYMPHONY.

To live content with small means; to seek elegance rather than luxury, and refinement rather than fashion; to be worthy, not respectable; and wealthy, not rich; to study hard, think quietly, talk gently, act frankly; to listen to stars and birds, babes and sages, with open heart; to bear all cheerfully, do all bravely, await occasions, hurry never; in a word, to let the spiritual, unbidden and unconscious, grow up through the common. This is to be my symphony.—Wm. Ellery Channing.



The fourteenth annual meeting of the Ottawa branch of the Victorian Order of Nurses was held January 19th and was one of the largest and most encouraging annuals that has ever been held by the Order. The meeting was greatly enhanced by being honored by the presence of Her Royal Highness the Duchess of Connaught, who expressed a wish to become more familiar with the Victorian Order work. Her Royal Highness was accompanied by Miss Pelly and one of the aides-de-camp.

This was also the red letter day for this branch in opening their new home at 478 Albert Street, an event long anticipated by the many interested friends, who have contributed most liberally to the purchasing of the house and also other matters of importance in connection with it.

The meeting was held in the board room, which, though bright, proved to be too small to accommodate everyone, those arriving after the appointed time having to be content with standing or sitting on chairs placed in the hall and library. The chairman was Prof. J. W. Robertson, who was most efficient and limited each speaker to a few minutes.

After the reading and disposal of the minutes and communications of the last meeting, very clear reports of the board of management and secretary were given by Mrs. C. B. Dougherty. His Grace Archbishop Hamilton spoke on the excellent work that the Order was doing throughout the Dominion and those who benefitted by the help these nurses gave at all times. He also spoke of other general characteristics of the Order.

The Treasurer, Mrs. C. F. Whitley, gave an excellent financial statement: Receipts for the year ending January 1st, 1912, were \$16,822.75; expenditure, \$14,709.68; balance on hand, \$2,113.07. During the typhoid epidemic last year in Ottawa the ladies were instructed to start and maintain a typhoid convalescent home, for which their total receipts were \$979.50, and total expenditure \$979.50.

THE TRAINED NURSE

gets the eye and ear of thousands of women who need to know that alcohols, drug mixtures and opiates are poisons to be avoided and that

Scott's Emulsion

is the food-remedy that relieves the disorders of special organs by strengthening the whole body.

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SAL LITHOFOS is a preparation containing in an active state Lithia and Sodium Phosphates. It is of special service in the treatment of Chronic Rheumatic and Gouty conditions, their allied affections and in many other disordered states.

Expert knowledge and chemical skill of a high order were required to combine in this palatable preparation the necessary active constituents without it in any way producing the deterioration so often found in many advertised remedies.

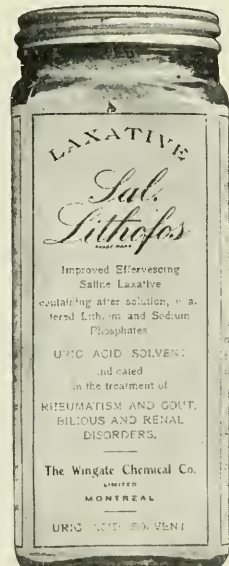
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Rev. Mr. Little and Mr. J. S. Ewart, Rev. Mr. W. A. Read and Canon Kittson then made short addresses which were very much appreciated by those present.

The report of the district superintendent, Miss Hall, was most gratifying and overwhelming, considering the vast amount of work accomplished during the short period of one year, there being 21,141 visits made during that time. Miss Hall made special reference to the great kindness of the Victorian Order committee of the May Court Club, they having fitted up the sterilizing room, kept it in order and paid for all the gas used for the year, as well as providing all the infants' clothing to be given away, and a loan closet. Their annual Christmas tree and supper given to forty of the poor children in the district were also much appreciated by the board. Sixteen nurses have completed their course during the year and hold responsible positions.

A very interesting address was given by Miss Mackenzie, the General Superintendent, who told of the work of the Order, which is under her supervision, which extends from coast to coast, also of the aims and objects of the Order and the high standard which it had lived up to since its inception, and which was the pride of every nurse and others connected with the Order. A thing of great importance in furthering the work was social service, and Miss Mackenzie said it was foremost among coming events to simplify the task which is set before nurses in their everyday life when ministering to the sick and needy.

The nomination and election of the local board of management for the coming year resulted as follows: Mrs. Thomas Ahearn, Mrs. Geo. E. Foster, Mrs. Robert Bell, Mrs. C. B. Dougherty, Mrs. C. F. Whitley, Mrs. Geo. E. King, Mrs. O'Gara, Mrs. Montizambert, Mrs. A. Rosenthal, Lady Borden, Mrs. Hugh McLaughlin, Mrs. Peter Whelan, Mrs. J. S. Ewart, Mrs. Newell Bate, Mrs. P. D. Ross, Mrs. J. M. Courtney, Mrs. H. M. Ami and Mrs. J. W. Woods. The elections to the advisory board resulted as follows: Rt. Rev. Archbishop of Ottawa, Sir Sandford Fleming, Dr. J. W. Robertson, Rev. Dr. Moore, W. Y. Soper, Rev. Canon Kittson, Geo. Goodwin, Dr. Montizambert, Dr. Consens, Dr. T. Gibson, Dr. G. G. Scott, Rev. Father Whelan and Dr. Eehlin.

A standing vote of thanks was tendered to Her Royal Highness the Duchess of Connaught. At the conclusion of the business those present were invited to partake of tea, which was served in the pretty dining-room, the tea table being centred with pale pink carnations, and was presided over by Mrs. Geo. E. King and Mrs. Montizambert.

A post-graduate course in district nursing—four months is given at one of the training centres of the Order—Ottawa, Montreal, Toronto, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 478 Albert Street, Ottawa; 29 Bishop Street, Montreal; 206 Spadina Avenue, Toronto, or 1300 Venables Street, Vancouver, B. C.

THE MEDICAL PRESS AND EXPERIMENTS WITH

BOVRIL

The report on the nutritive value of Bovril read before the Annual Meeting of the British Medical Association is attracting wide attention in the medical profession.

The "British Medical Journal" of September 16 devoted some six pages to a detailed account of the recent experiments, in which it was shown that **in the case of human beings the body-building power of Bovril was "even more marked"** than had been previously shown in the experiments with animals.

A further article has just appeared in the "Medical Times" and that Journal points out that the experiments were originally conducted "with the object of ascertaining whether a certain beef extract (Bovril) supplied to the Government had any nutritive value or not. The results were simply startling."

"It was found that in all cases the administration of the extract (Bovril) caused an immediate increase in weight."

One important point brought out by these experiments is that this increase in weight is in tissue and muscle, and that **Bovril must therefore be regarded as a true nutrient.**

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HOSPITALS AND NURSES

Miss Blanche Gibson, private nurse, Shannonville, Ont., has returned to her duties after a much needed vacation in Lowell and Boston as the guest of her sister, who is Head Nurse in Lowell Hospital, Lowell, Mass.

Annie T. Brandon, graduate of S. G. Hospital Class '06, has accepted a position on the staff of the Y. W. C. A., Winnipeg.

Miss Margaret E. Hunter, of Toronto, graduate Hamilton City Hospital, is nursing during the winter season at Palm Beach, Fla.

Miss Pike, who has had charge of the Michel Hospital, Michel, B. C., for some time, has gone to Spokane, Wash.

Miss McKay, of Calgary, has accepted the vacancy in Michel.

Miss Gordon and Miss Brody, also of Calgary, are assisting Miss McKay in Michel.

Miss Parker, Jersey City, N. J., is doing private work in Brandon, Man.

Miss Snively is at present at Bournemouth, England, enjoying the mild weather and the profusion of flowers. She spent some time in London and learned to know that wonderful city very well. Miss Snively says: "On New Year's evening I enjoyed the great privilege of listening to Handel's Messiah at the Albert Hall. I shall always count this as one of the great pleasures of my life." We are glad to know Miss Snively is enjoying her stay abroad. Her permanent address is, care of Toronto Globe office, Grand Trunk Bldg., Trafalgar Square, London, England.

Miss Hallie C. Cord, of Needles, Cal., a graduate of the Philadelphia Lying-in-Charity Hospital and also of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been placed in charge of the hydriatic department at the Columbia Hospital, Los Angeles, Cal.

Miss Sara Elizabeth Moorman, graduate of the New York City Training School for Nurses, has taken a course in mechano-therapy at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, and has returned to Lynchburg, Va., to engage in private practice.

The D'Youville Alumnae Association of Ottawa General Hospital completed in January its first year very satisfactorily. The treasurer's report showed a substantial balance. The election of officers resulted as follows: President, Miss H. Leyden, 555 Somerset St.; First Vice-President, Mrs. W. J. Hull, 215 Bessura St.; Second Vice-President, Miss G. Cosgrove, 370 Lisgar St.; Secretary, Miss K. Casey, 641 King Edward Ave.; Treasurer, Mrs. E. Brunet, 232 St. Patrick St. The directors are: Mrs. C. Dasitt, Misses M. Cassidy, E. Burke, C. Mix, I. Fogarty, G. Evans, K. Gunn, A. McDermott and F. Lyons.

The Graduating Exercises in connection with the training school of St. Joseph's Hospital, Peterboro, were held on Tuesday evening, December 19th, when the graduates of 1911 received their diplomas and medals.

The spacious operating room was converted into a veritable bower for the occasion, and his Lordship Bishop O'Connor, who graced the occasion by his presence, presented the diplomas. In his remarks, his Lordship dwelt on the

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dignity of the nurse's calling and the sacredness of the duties entrusted to them, and urged each one to be faithful to the ideals of her profession.

The medals were then pinned on by the Superior, under whose supervision the nurses have been so efficiently trained and whose untiring efforts were rewarded by the high percentage taken by them at the recent examinations.

Dr. McNulty gave a resume of the evolution of the nursing profession, pointing out its early association with religion, its more widespread development as a result of Florence Nightingale's work during the Crimean War and the more recent influence of science in raising the profession to its present high pedestal.

Short addresses were also given by Rev. Father McGuire, Downeyville; Rev. Dr. O'Brien, of the Sacred Heart Church, Peterboro; Rev. Father Galvin, Kimmount, and members of the staff, including Dr. J. O. Galvin, Dr. Stewart Cameron, Dr. F. Neal, Dr. McPherson, Dr. Frederick, Dr. McCullough and Dr. McClelland, all of whom spoke of the efficiency of the hospital training, the aptitude of the graduating class and predicted success for them in their chosen work. The first part of the programme was brought to a close by Rev. Father McColl, who acted as chairman, and who, in his remarks, expressed the gratitude of the sisters and the nurses for the many kindnesses of the staff and for the deep interest in and generous support accorded to the hospital by them.

Those present then adjourned to the dining room, where the sisters had provided dainty refreshments, after which an hour was spent in music and social enjoyment.

The graduates were: Misses Annie Galvin, Mary Farley and Bridget McGuire.

The Woman's Hospital Aid, Wilmer, B. C., held their annual meeting on January 17th, when very satisfactory reports of last year's work were read by the retiring officers, after which the election of officers took place, resulting as follows: President, Mrs. B. G. Hamilton; Vice-Presidents, Mrs. F. G. Stalker, Mrs. J. C. Pitts, representing their respective districts; Secretary-Treasurer, Mrs. (Dr.) P. W. Turner; buyers, Mrs. F. G. Ball, Mrs. (Dr.) D. P. Huntington.

At the meeting of the Alumnae Association of the Royal Victoria Hospital, Montreal, held on the evening of January 10th, Miss Guerin read a most interesting paper on Jean Mance, the founder of the Hotel Dieu in Montreal. There was a good attendance and a hearty vote of thanks was tendered to Miss Guerin, which was seconded by Miss Gilmour, one of the former Presidents by the Association, who is at present visiting relatives in the city and who was most warmly welcomed by her old friends in the R. V. H. Miss Gilmour has resigned her position as Superintendent of the Hospital in Grand Falls, Newfoundland.

Miss Mabel McIntyre and Miss Watkins, class '10, R. V. H., Montreal, have opened up a private hospital in Toronto and are meeting with good success.

Miss Wright, a graduate of the R. V. H., Montreal, has been appointed Superintendent of the Rockford Hospital, Rockford, Ill., and Miss Drake, also a graduate of the R. V. H., is surgical nurse in the same institution.

Collingwood General and Marine Hospital.—Miss Florence Simons, class '08,

INSTRUCTION IN MASSAGE

Swedish Movements, Medical and Orthopædic Gymnastics

ORIGINAL SWEDISH (LING) SYSTEM OF MASSAGE

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The electrical department is thoroughly equipped with galvanic, faradic batteries, coils for High Frequency, Sinusoidal currents, X-Ray work, Static Machines, Bachelet magnetic wave, etc.

HYDRO-THERAPY

Pupils are taught the use of Electric Light, Dry Hot Air Baths, Dr. Baruch's hydriatic table; we have all facilities for the administration of the various full and medicated baths, half baths, packs and other hydriatic procedures. Schott exercises are taught in connection with the Nauheim Bath. Nebulizers, Vibrators, Frazier-Lentz Baking Apparatus, local and general Blue Light Baths, Solar, Leucodescent Lamps, Bier's Hyperaemia and various other apparatus are thoroughly demonstrated and used in practical work on patients.

Theoretical and practical instruction. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Separate male and female classes. Diploma. Particulars and illustrated prospectus upon application.

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Spring Class opens on May 15, 1912

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HOWARD A. SUTTON, M.D. } (Instructors Univ.
ELDRIDGE L. ELIASON, M.D. } of Pennsylvania.)

FRED D. WEIDMAN, M.D. (Demonstr. Woman's

College of Phila., Univ. of Penna.)

WM. ERWIN, M.D., (Hahnemann and Rush Med. Coll.)

LOUIS H. A. VON COTZHAUSEN, Ph.G., M.D.
(Grad. Phila. College of Pharmacy, Med. Dept.
Univ. of Penna., Penna. Orthopædic Institute.)

MAX. J. WALTER (Univ. of Penna., Royal Univ-
Breslau, Germany, and Lecturer to St. Jos-
eph's, St. Mary's, Mount Sinai and W. Phila-
Hospital for Women, Cooper Hospital, etc.)
Philadelphia General Hospital (Blockley).

HELENE BONSDORFF (Gymnastic Institute, Stock-
holm, Sweden.)

LILLIE H. MARSHALL } (Pennsylvania Orthopædic
EDITH W. KNIGHT } Institute.)

MARGARET A. ZABEL (German Hospital, Phila-
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tract. Used as a gargle every
hour—a tablespoonful to a half
glass of hot water—its effects
are prompt and gratifying.

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NEW YORK AND LONDON

was recently married to Dr. W. Parker, one of the leading physicians of Portland, Ore. Miss Carolyn Morrison, class '08, was married in October last to Mr. Jno. McCaig, of Stayner. Mr. and Mrs. McCaig will reside in Stayner. Miss M. Robinson, class '03, late Superintendent of Weyburn Hospital, Sask., is at present convalescing at her mother's, Mrs. A. Meachem's, after a very severe attack of pneumonia.

The Alumnae Association of Toronto Western Hospital held its annual meeting on Friday, February 2nd, in the Nurses' Residence with a good attendance. The President, Mrs. MacConnell, occupied the chair. The committee appointed to interview the Board of Directors of the hospital re some arrangement for the care of sick nurses, reported the Alumnae might choose a ward and furnish it and the sick nurse would be cared for there, free of charge, no time limit. The Alumnae was very gratified at the generosity of the hospital directors and appointed a committee to consider ways and means of furnishing the ward. The election of officers resulted as follows: Honorary President, Miss Bell; President, Mrs. MacConnell; First Vice-President, Miss Cooper; Second Vice-President, Miss Kelly; Recording Secretary, Miss Moore; Corresponding Secretary, Miss L. Bowling; Treasurer, Miss Anderson. After the disposal of business the members had the pleasure of listening to a most interesting and instructive address on Florence Nightingale by Dr. Clutterbuck. This story grows in power and inspiration the more we learn of it. Refreshments were served at the close of the meeting and a social half hour enjoyed.

The regular meeting of the Graduate Nurses' Association of Thunder Bay District was held on Thursday afternoon, February 1st, at the new Nurses' Home of the McKellar General Hospital, Fort William, Ont. In the absence of the President, the chair was occupied by the First Vice-President, Miss Blackmore. There was an average attendance. Two delegates were appointed to attend a meeting of the Women's Local Council on February 2nd, when equal suffrage was to be considered. The meeting was adjourned after a social cup of tea. In the report of the annual meeting of this Association in February issue there was a mistake in the officers. Mrs. J. E. Cooke is Honorary President and Miss Regan the President of the Association.

The regular monthly meeting of the Central Registry Committee was held at 569 Bathurst Street on Monday, February 5th, at three p.m. In the absence of Miss Ferguson, the convener, the chair was occupied by Miss McKenzie, R.N. Six members were present.

Thirteen nurses joined Registry in January and nine resigned. Five applications were considered by the committee and accepted. The following are the names of those who resigned: Miss Luckwell, graduate of the Toronto General Hospital, has gone to Los Angeles, Cal. Miss Margaret Campbell and Miss Clara Brown, also graduates of the T. G. H., have permanent positions in the city. Misses L. Adams, Catherine McLean and Petron Adam, graduates of the Hospital for Sick Children, Toronto, have accepted positions in the Washington University Hospital, St. Louis, Mo. Miss Margaret Wood, also a graduate of the H. S. C., has been appointed Head Nurse in the Alleghany City Hospital, Pittsburg, Pa. Miss Dowding, graduate of Aston Infirmary, Birmingham, Eng., has gone to practice in Calgary, Alta.

“overconfidence frequently begets carelessness, and as Spring approaches with its semblance of balminess so with it come those cases of Chest, Bronchial and Inflammatory Throat affections as a result of exposure from rushing the season.

That hot, moist heat, most conveniently, agreeably and effectively applied in the form of antiphlogistine thick and hot, not only affords relief from pain but hastens resolution of inflammatory processes, is conceded by the sum total of clinical experience.

Chilling by exposure in frequent changing of dressings counteracts the beneficial effect of hot applications, but by the use of antiphlogistine the part may be kept for hours continuously under the influence of heat and definite results can be expected.”

The Registrar's report showed the number of calls for January to be 262. Five cases were cared for by the Extension Fund. The total balance in bank is \$1,817.30.

The regular monthly meeting of the Alumnae Association of the Hospital for Sick Children was held in the Nurses' Residence on Thursday, February 8th, at 3.30 p.m., the President, Miss L. L. Rogers, in the chair. Three new members were admitted. Ten dollars (\$10) was voted towards buying linen for the new Club House. Miss Holman, of the Social Service Department of the Toronto General Hospital, gave an interesting account of her work. The next meeting will be on April 11th.

The regular meeting of the Alumnae Association of the Toronto General Hospital was held at the Nurses' Residence on Friday, February 2nd, at 3.30 p.m. The attendance was small. In the absence of the President and Vice-Presidents, Miss Crosby was asked to take the chair. Miss Tweedie was appointed to represent the Alumnae at the meeting of the Executive of the Evangelia Settlement. Miss Harriet Thompson, a member of the Alumnae, who has been working in the Mission Hospital, Indore, India, gave a most interesting account of her work. The Alumnae was pleased indeed to welcome her and much appreciated her address.

THE HEATHER CLUB.

Though the Heather Club has been silent for some time, the work has not been standing still.

Appreciation of Mr. Robertson's generous gift—the large extension to the pavilion for tuberculous children—was shown, as he most approves, by using it. The extension was furnished and during the summer seventy-seven patients were cared for. Their happy brown faces and little round tummies made forceful the statement of the doctors in charge that fresh air and good nourishment are getting at the root of the trouble with these small lads and lasses.

Since the winter has come, 156 patients have been visited in their homes, ten bottles of tonic emulsion distributed weekly, twelve quarts of milk per day, 377 articles of clothing were supplied, two beds with bedding and many baby clothes to the wee tots in the families.

While we are accomplishing so much we see much more to be done. In France a successful scheme is carried out under which tuberculous children are boarded in the country until they are twelve or fourteen years old. Many become interested in agricultural pursuits. By this means they not only overcome the disease, but become useful citizens so long as they continue to lead healthful outdoor lives.

Are there not doctors throughout Ontario who could let us know of homes where it would be safe to place these bairns, at say from three to four dollars per week, and who would visit them once a month and report to our doctors; and nurses who would join us in an effort to keep these under their supervision and help in freeing our Province of this white plague?

Donations of clothing can be sent to Miss Charters at the Hospital for Sick Children; of money to the Treasurer, Miss Fullerton, 176 Geoffrey Street.

MARGARET CLUTTERBUCK

Germ-Laden Dust Spreads Disease

Even with modern systems of ventilation and scrupulous regard for cleanliness, hospitals are exposed to germs.

When all the usual precautions have been taken there still remains the danger from germs carried by dust circulating in the air. An easy and certain way to keep down dust is to use

STANDARD Floor Dressing

It catches the dust as it settles on the floor and holds it there. In this way the germ life which clings to the fine dust particles is prevented from circulating in the air and endangering the health.

Standard Floor Dressing is a special preparation and, so far from containing anything on which bacterial life can sustain itself, it kills most of the disease germs with which it comes in contact. It also gives the floor a cleanly, finished appearance.

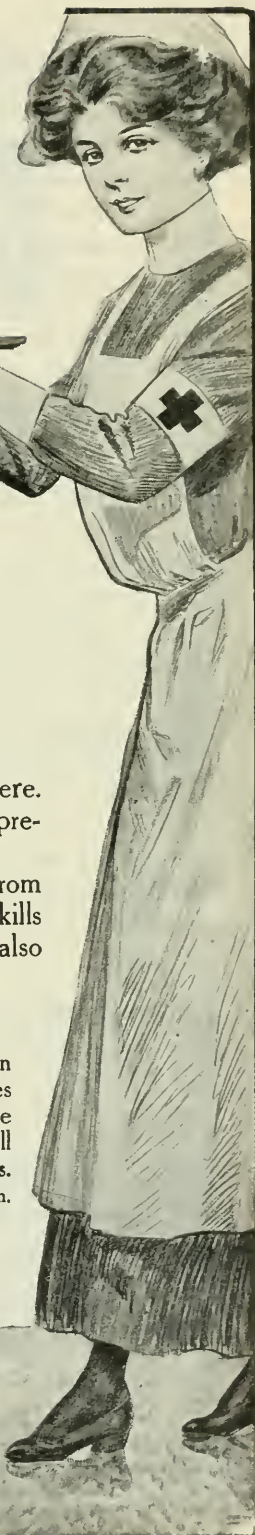
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On request we will be pleased to send any person interested, free of charge, a booklet illustrating the advantages of the use of Standard Floor Dressing. This literature should be particularly interesting to hospital workers and all those who are in a position to promote hygienic conditions.

A post card requesting information will receive immediate attention.

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ST. JOHN'S, NEWFOUNDLAND.

Christmas time at the General Hospital, St. John's, Was marked by the usual festivities and the unusual number of empty beds. As a rule there are none at any other time of the year, but that does not mean that we always have a holiday at Christmas, for there are always the bad cases that must come into hospital and the urgent cases of life and death that must be operated on.

Around the children's beds signs of Santa Claus' approach were evident. On Christmas eve stockings hung from every bed and were found well filled in the morning. The greater number of the patients were able to enjoy their dinner of turkey and plum pudding without any bad consequences. After dinner, the Governor and Lady Williams visited the hospital and had a chat with each patient. In the afternoon Santa Claus himself appeared in red cloak and grey beard, with a full bag, from which he produced gifts of all kinds for young and old. During the evening some magic lantern pictures made the time pass pleasantly until bedtime came.

On the following Thursday the ladies of the Cowan Mission gave their annual tea and entertainment. Delicious tea was served in each ward, but the principal tea and concert were in Carson Ward, where were the greater number of patients, and to which all who could be moved were brought. In addition to the tea a present was provided for every patient, nurse and servant in the hospital as a souvenir of the occasion. The concert was over at six and half an hour after the wards had resumed their usual appearance. Even the very sick patients seemed to enjoy it, as one old man remarked, "Ah, it cheered us up." The wards were very prettily decorated by the nurses and looked very nice. Three nurses were presented with their badges and certificates gained during the year. The badges were pinned on by Miss Browning, Vice-President of the Cowan Mission, in the absence of the President, Mrs. Harvey. The nurses were: Bertha Horsey, Violet Snow and May Lloyd. We were glad to see most of the graduates present on that day.

A POST-GRADUATE COURSE AT THE JOHNS HOPKINS HOSPITAL.

The scholarship awarded each year to a member of the graduating class reads: To be used in the pursuance of a year's work in Teachers College, Columbia University, or a year of post-graduate work in the hospital. The choice is left to the decision of the senior receiving the scholarship. The purpose of the scholarship is to give the holder the benefit of a systematic and thorough course in institutional management, a general and detailed study of the scope and administration of the hospital as a whole and of each office and department.

The course offered at Teachers College is outlined in its catalogue. The holder of the scholarship during the present year, however, chose to take the post-graduate course in the hospital.

The work was begun in the surgical supply room. Consideration was given to the division of work and responsibility among the probationers in making up sterile and unsterile supplies. The quantity and quality of materials needed for surgical purposes as gauze, gloves, catgut and similar supplies, firms patronized and relative prices, methods of buying, contracts, reception of goods, bills

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Vaporized Cresolene is destructive to Diphtheria bacilli and may be advantageously used in connection with the treatment of this disease.

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and records, methods of requisition and distribution were all studied by actual participation in the work.

A month was spent in the linen room. Here the household supplies were considered in the same way that the surgical supplies had been. The system of linen exchange, repair and replacing, materials and patterns, mending and stencilling, the records kept and the annual inventory were assimilated through practical demonstration. Ten days in the laundry were devoted to investigating the various processes necessary in laundering the hospital linen, the capacity, output and efficiency of the boilers, extractors, dryers and mangles, the soaps, bleaches and other cleansing agents used, the number of employees required, their output, hours, wages and housing, and many other factors in the appointment of a well-ordered laundry.

It would be very tedious and uninteresting to continue in detailing the points studied in each department. Let it suffice merely to outline the plan followed.

Time and study were given to the management of the big kitchen and the diet school, the handling and housing of employees, the system of cleaning throughout the hospital, the functions of the bank, the scope and management of the dispensary, the tuberculosis dispensary and the social service department. The methods of heating, ventilation, lighting, the manufacture of ice and purifying of water and disposal of waste were covered by several demonstrations given by the engineer, and by talks with the Supervisor of Buildings and the study of plans and articles on hospital construction.

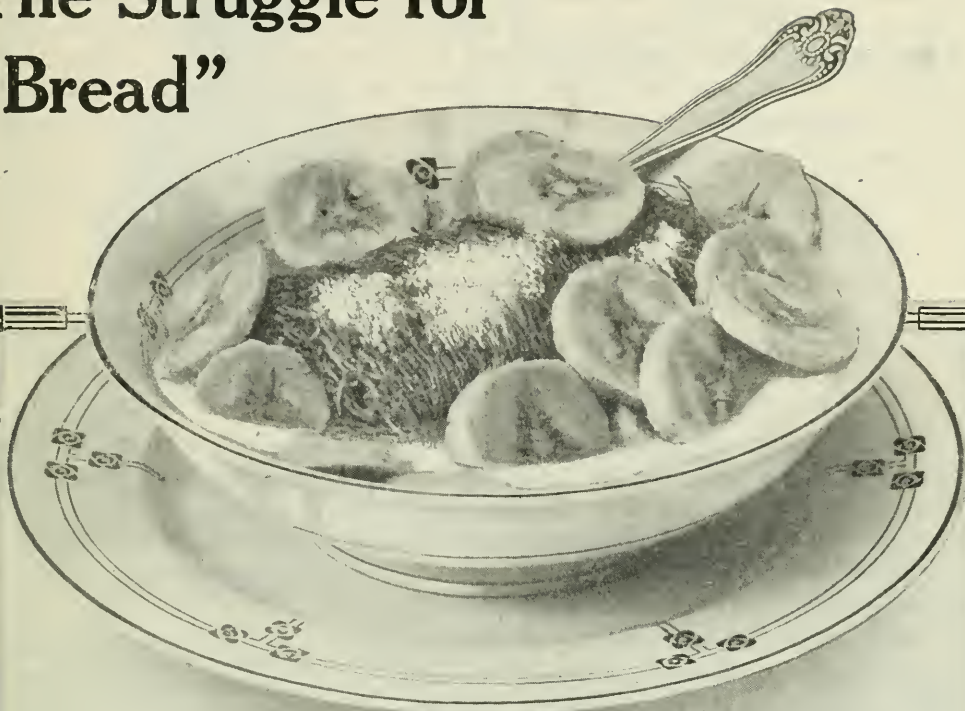
Many opportunities were open to acquire experience and insight into the management of the nursing department and training school. Opportunities arose for assuming charge of a public ward for two weeks, and later charge of a private ward for a similar period. The nurse pursuing this course had had charge of a colored ward for six months during her training as a pupil nurse. The position of night superintendent was undertaken for a month. Some time and observation were given to the management, equipment and technique of the operating rooms and obstetrical ward. The schedule of class work was followed up, and many classes and demonstrations were attended, especially those courses given not by the medical staff, but by the nursing staff as practical nursing and materia medica. The reference library and current nursing journals provided material for much thought and study. Many days were devoted in part to the teaching and supervision of some of the probationers in the wards, who were just starting their practical work. Frequent visits were paid to medical clinics and ward rounds. The maintenance and supervision of the nurses' home were discussed and worked out with the matron.

The year is not finished, and the remaining time will include, among other things, a study of housecleaning and taking of inventory during the summer months, and the work of administration of the training school in the superintendent's office, also a series of visits to the various hospitals, milk dispensaries, district nursing centres and other institutions in the city.

The course necessarily has been an entirely practical one.

Theoretical work and comparative study cannot be obtained by such a course limited to a hospital. But as no course in dietetics can teach us to turn out such

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gastronomic delights. As we can learn from going right into the kitchen and cooking with old Chloe, who has been cooking since before we were born, so perhaps no better way can be found to learn how to run a hospital, than by going right into its "internal workings" and learning by actually seeing the wheels go round under the guidance of those who have the results of years of experience to give, and can point out the weak places in the machinery and the best way of eradicating them. The nurse who has been pursuing this course feels that the year has been one of inestimable benefit to her.—Elizabeth G. Fox, R. N., in *Johns Hopkins Nurses' Alumnae Magazine*.

THE RELIEF OF POST-OPERATIVE VOMITING.

By ALMA BRUCE.

The post-operative treatment of any patient is as a rule outlined by the surgeon in charge, but there are occasions, especially when the patient is in the country, when much depends on the nurse's own skill and judgment. When the necessity for operation is immediate and thorough preparation of the patient or complete evacuation of the intestinal tract is impossible, post-operative vomiting may prove a serious and distressing complication.

Mental and physical quietness are always a help in preventing this trouble. The positions most helpful for a vomiting patient is on the side, with the body slightly bent, or on the back with a large pillow under the knees. In persistent vomiting changing the position to a half sitting posture has sometimes given great relief, but these are matters about which the surgeon may have left emphatic directions. Washing the stomach out with normal salt solution has prevented vomiting in many cases and relieved persistent vomiting when many other remedies had proven ineffectual. Slow irrigation of the rectum, using a small soft rubber catheter and checking the flow through the tube so that not over a pint in a half hour is given, has a good effect in some cases. If there has been a sign of a perforation in the bowel rectal irrigation should of course not be attempted.

Hot water will often relax and quiet the irritable stomach and a couple of teaspoonfuls of hot water or hot tea given every five minutes is a simple expedient worth trying. Bits of ice or ice water in many patients seem to increase the irritability and should never be given to laparotomy cases without orders. The application of an ice-cap to the stomach or a mustard plaster are both helpful in some cases and both occasionally fail. Bicarbonate of soda in doses of from ten to twenty grains in hot water has often proved effectual not only of relieving the stomach of gas but of checking the vomiting.—*The National Hospital Record*.



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PUBLISHERS' PAGE

The School of Medical Gymnastics and Massage opens its spring course in March. This consists of lectures on Anatomy, Physiology and essential parts of Pathology delivered by different physicians. The practical work is carried on at hospital clinics and comprises training in Orthopaedic Gymnastics, Physical Culture, Baking, Vibratory and Medical Massage. Diplomas signed by different physicians. Registry for Masseurs and Masseuses. For further information apply to Registrar's office: School of Medical Gymnastics and Massage, 61 East 86th Street, New York, N. Y.

PREVALENT DISEASES.

At this season, when pneumonia and bronchitis demand the call of the physician, literature presenting the experience of fellow practitioners, in the successful handling of these cases, would seem most apropos.

The Bloodless Phlebotomist for January reflects the experience of many physicians.

Dr. Charles Buck, of Cincinnati, presents his experience in handling cases of pneumonia, also relates some facts in the treatment of lumbago.

A postal card addressed to the Bloodless Phlebotomist, No. 57 Laight Street, New York, will bring you a copy of the January issue.

The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green Street, Philadelphia, Pa., announces the opening of the second section of the winter classes on March 12th, 1912. In more than eleven years of active teaching these courses have been developed to a perfection which cannot be equalled by any other school in this line. A large staff of able instructors, an elaborate equipment and excellent clinical facilities guarantee the student a thorough and practical training.

TUBERCULOSIS NOTES.

Hopeful signs are everywhere. Legislatures have made helpful laws. Private and public donations and bequests have increased the meagre facilities for treating the plague. Communities feel more keenly the disgrace of its needless prevalence and eagerly receive facts about prevention, treatment and cure.

The "full-feeding" in vogue a short time ago in connection with the rest and fresh air remedy is abandoned by the specialists for the scientific adequate feeding. That is, give the quality and quantity of food that a patient can assimilate, each case being individualized as much as possible. Milk and raw eggs still fill a large place in the dietary, and oil food is given in an emulsified, assimilable form. The tissue repairing line and phosphates are best given in combination with the oil.

For tuberculosis in any stage Scott's Emulsion is the accepted form for giving the healing and nourishing oil. The results are notable. Recovery from tubercular conditions is slow, and remedial agents must be persistently and faithfully continued.

The Anti-Tuberculosis movement was started in Hungary in 1894, and in 1898 there were five institutions for the treatment of consumption. To-day the campaign is encouraged and financed by the government, and over 200 different agencies are engaged in the fight. A permanent tuberculosis museum has been established at Budapest and a carefully conducted campaign of education is being carried on.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VIII.

TORONTO, APRIL, 1912

No. 4

A WAYSIDE NOTE FROM AN INDIAN RESERVE.

Mis-koo-i-new or Red Eagle never missed making his weekly visit to the White Medicine Woman, and just as often was he seen emerging from her little log cabin with a parcel of something containing medicinal properties. A visitor once remarked with a twinkle in her eye that Mis-koo-i-new would never recover as long as the Medicine Woman's bread and tea held out.

Be that as it may, Mis-koo-i-new was a visitor this afternoon. He amused himself with the illustrations in that interesting book, "The Apostle of the North," by the popular Yukon author, whilst his hostess fried the moose meat, baked the bannock and cut the pemmican. Mis-koo-i-new must have a good feast this day—it is the 79th anniversary of his birth.

Luncheon over, the visitor settled back in the comfortable arm chair and the profound silence which followed gave evidence that he was indulging in a little retrospection. The old Indian's eyes grew dim, his head bowed low—memory was travelling backward—ever backward over the many years which had passed away. In fancy he was a child again and lived in the wilderness of the West before the white man and railroad had invaded his territory. In fancy he saw again the heathen feasts, the heathen dances, the wild incantations of the medicine men, stripped to the skin with a belt of rattling objects about their loins, beating the drums, and doing battle with the evil spirits. When he spoke again it was in a voice scarcely audible. "Young all gone now," said he pathetically. "Am too old to chase the moose and deer—I guess I soon die—well, am glad for one thing, am Christian Indian."

My visitor was in a reminiscent mood. I seized the opportunity. "Was your father a Christian, Mis-koo-i-new?"

The question was like a match touched to dynamite. "That's what me think about to-day. I tole you all the story."

Mis-koo-i-new's English is not of the purest, yet by paying the strictest attention he could be followed fairly well.

Many years ago, so the story runs, when this great western country scarcely bore the imprint of a white man's foot, when a certain band of Indians was lying about an encampment smoking their pipes, telling their stories and basking in the mid-day sun, a strange canoe bravely passed up the Saskatchewan. Its occupant, a Jesuit priest, affectionately greeted the red men, and explained to them the object of his visit. He had come with a message from the Great Spirit. A tent was pitched and for many days he faithfully taught this band of Indians, pointing them to the one true and living God.

The seed fell upon good ground and bore fruit. Mis-koo-i-new, his mother and brother were amongst those who believed and were baptized.

"My father," said the interesting visitor, "was a very big man with the

Indians, just like the Bishop with white peoples. A very big medicine man—the most highest and very much honorable position.”

“He travelled constantly over a very large territory, meeting the people and indulging in the heathen customs.

“When the grass comes green, the water runs, and the birds sing, I will return to see my people. When six moons have come and gone meet me here, my father would say, then he would visit another band. ‘But,’ said Mis-koo-i-new, ‘I want to tell you about that priest. He taught the people to pray, then he said to them, Farewell, my dear people, promise me that when I am gone you will say the prayers and keep the faith. I will come again to see you. Farewell, God be with you.’”

Nearly seventy years have passed away since that day, but in fancy he could still see the priest pushing off his frail canoe. It was in the early morning, the grass still wet with dew, the sun just rising over the distant hilltops and bravely struggling through the leafy branches—perhaps to lend a touch of brightness to the solemnity of the scene—the Christian Indians, gathered on the river bank, fired their parting salute as the little canoe heroically launched out toward the unknown.

“We never saw that priest again that baptized me, and I don’t know his name. I heard that he was drowned in the river—and again I heard that heathen Indians killed him, they don’t like the Christian—he never came back to see us.”

“One thing is very strange, my father was heathen, but if I go to sleep before I pray (I was very small—ten years, I guess) he would hit me and say, Wake up, you Christian, and say your pray. You promise to do it, and Indians must not break a promise.”

One time Mis-koo-i-new accompanied his father on a very long journey to visit a distant tribe. The feast was in progress, the great medicine man in the seat of honor was enthusiastically beating the drum when suddenly he stopped, and turning to his little son at his side said, “Tell me why you look so sad, and watch me all the time when I am beating the drum? I no look on you when you say your pray.”

This was the last time Mis-koo-i-new’s father took part in a heathen feast. Soon afterwards he met a missionary whom the Church of England had sent to the Indians. This missionary was none other than the late Venerable Archdeacon Hunter, the first resident missionary at Le Pas. Faithfully and devotedly the Archdeacon and Mrs. Hunter labored on and on for the welfare of their people and into the language of the Crees they made several invaluable translations, including the Church Prayer Book, which is in use to-day. “They rest from their labors and their works do follow them.”

To lead this medicine man away from his heathen religion—away from the traditions of his race—to influence him to give up the post of honor which he held among his people was no easy task. We may be sure the missionary had him much upon his heart and earnestly pleaded for him before the throne of grace. “Fervent prayer availeth much.”

“For a long time,” said Mis-koo-i-new, “my father would not listen much to the missionary, but after a while he grew very silence, and think all the time.

Something hurt him in his heart, and he could not sleep, he stay much alone in the woods."

"One night he made himself brave. He went to see the missionary—told him about the pounding in his heart, the hurt that would not go away—that he had made a decision to receive baptism and be in the band with those Indians who worshipped the one true God."

We are told the missionary was deeply moved—tears dimmed his eyes—to him was given that night the highest privilege, that of beholding a new born soul struggling forth from the darkness of heathenism into the glorious light of the Gospel.

Uplifted are the gates of brass,
The bars of iron yield.
Behold the King of Glory pass;
The Cross hath won the field.

"I wish," continued Mis-koo-i-new, "that the young could come back to me, and I have a chance to be educate like the Indian children to-day. I am not civilized, but I am a little of it. I civilize enough to feel sorry that I had no chance. I would like to preach to my people, to tell them that Christ died for the Indian as well as the white man, but all my people is Christian; I am glad for that. Soon I go to see the Great High Chief, because I believe in God, and in His Son Jesus Christ who redeemed me. I believe, have been baptized and have kept the faith."

The old Indian's face shone with a glorified light—his thoughts were not of earth. With the Eye of Faith he was beholding the splendors of the distant shore—in fancy he had entered in.

ANNA ASENATH HAWLEY.

SEQUEL TO "THE SHALL-BE-NURSE."

The day the nurse leaves the school she enters upon a new schooling in the school of life, where she stands alone, unguided, entirely dependent upon her own resources for all that is demanded of the private duty nurse—for, of her alone is certainly expected more than of any human being in any walk of life. She needs must be healthy and strong so that she can work numberless days without sleep, and not appear tired; she must be most amiable and sympathetic at all times, she must be tactful beyond comparison in dealing with patient, doctor, family, friends and servants. She must be ingenious enough to construct anything which may be needed, but not possessed. She must be an excellent cook and house-cleaner, and sufficiently observant to know where all things are kept without asking, she must be able to cook the meals for the entire family, do the washing and care for the patient if necessary. She must not trespass upon the domain of the physician by taking any credit for the patient's recovery. She must be a good seamstress, and able to mend and make clothes for the family. She must not impose upon the servants while cooking food for the patient, nor must she ask them to assist her. She must be able to uphold the good name of her profession by not transgressing any one of these requirements, and in addi-

tion must be highly educated, and willing to take the blame for all mistakes. And for all this she must ask no remuneration unless the patient is well provided with this world's goods, and feels that he can afford to pay the nurse after the doctor's bills have been settled. Judging from what we hear and read of the private nurse to-day, the foregoing is in condensed form a part of what is expected of her. As all great questions become agitated until a climax is reached, just so with this problem, let us hope that the climax is near at hand, and that the reaction will result in favor of the most noble and self-sacrificing of all humanity—the nurse.

To the nurse about to enter this wilderness of uncertainty a few hints may not be amiss. In the first place, upon entering into the heart of the household, do not be too friendly in an effort to win, be natural and in time win by meriting the respect and good will of the family. Always remember that you are the nurse in the family—too often nurses err in forgetting this—and intrude themselves upon the social realm. If invited to enjoy a social evening, or dinner, do so with some reserve, and discreetly withdraw as early as possible without too hasty a retreat. Never wear out your welcome. Always remember to be deferential to members of the family and friends—it places yourself on a higher plane and adds to your own dignity in acknowledging the prerogatives of others.

Always impress upon the family that the patient is your first consideration. Be observant in a quiet way, and learn to know where the necessary articles may be found.

A smile and cheerful disposition go a long way in making the road easy. Always meet the doctor with a smile, and expression of confidence and good will—too often doctors are met with worried looks. Always rise and remain standing in the presence of the doctor, and try and forestall his needs. Withdraw discreetly if patient and doctor seem to speak in confidential tones. Never forget to report to the doctor any mistake you may have made in his absence or any accident which may have occurred due to your own carelessness or otherwise. Always be perfectly honest and courageous in everything. It is better to forfeit the good opinion of others, rather than your own opinion of yourself, and many times in making an honest acknowledgment of a mistake you will be condemned, but we all know that mistakes will happen, and in honestly confessing you remove all burden from your conscience.

The domestic problem is one of the most embarrassing, and every nurse should know that servants everywhere must be dealt with carefully. First try and win them by an occasional compliment, as a rule they are very susceptible. Offer to assist them with something. Always appear interested in their stories of themselves, and offer them little items of advice occasionally. Never appear arrogant nor on the other hand familiar. Take a kindly interest in them, and very soon they will be only too willing to lend assistance.

Never act as if you resented the possibility of being expected to assist with the household duties—on the contrary, always show that you regret having been so thoughtless in not offering your assistance and in conferring the favor. Just quietly avoid taking notice if you suppose that there is any imposition.

So much is being said to-day of the disadvantages of having a nurse in the

house that one is tempted to think that either the laity is very unjust and uneducated—in so far as what should be expected of a nurse—or, that the nurses are making themselves obnoxious. We are compelled to admit that in all avenues of work, there are a few who deviate from the fundamental principles taught them—such has always been and such will always be the case, in nursing as well as in every other profession. It therefore remains for the majority to maintain the standard.

As to whether a nurse should carry articles, such as syringes, ice caps, ice collars, rectal tubes, catheters, bath thermometers, bed pans, air cushions and even ice-cream freezers (?), hot-water bags, etc., is a question I think which needs not be contended. It seems most unreasonable to suppose that a nurse should be a conveyance of "convenient articles" or hospital equipment.

If she carries a thermometer and a hypodermic syringe nothing more should be expected of her. If a family can afford the services of a nurse they should also afford the necessary conveniences. If, however, a nurse is called into the country on what she understands to be a very serious case or emergency, she should realize that in such an event the family will not have thought of the provision of articles for immediate need—it would in such a case be a wise thought for her to take some of these things with her, as the distance may make it almost impossible for the family to get such necessities in good time.

I would advise all nurses to absolutely refuse presents, or money as a gift, and thus help towards erasing from the minds of the laity that a nurse—in addition to her exorbitant fee!—always expects a present, and that it is a conventional obligation.

The thought that such a feeling exists should be repulsive to any self-respecting woman. In some incidental way let the patient know that you disapprove of nurses accepting presents. The private nurse is always entitled to a certain number of hours daily off duty, for rest and recreation. The time varies somewhat in different localities.

If the patient is unusually ill and you are the only nurse on the case, try and arrange for a responsible member of the family, or friend, to relieve you. It cannot be expected that you should work twenty-four hours out of twenty-four, and do justice to your patient. If there is any difficulty about being relieved speak to the doctor and have his advice in the matter—whatever the doctor advises usually impresses the people and has the desired result.

When a nurse does considerable nursing in one community and much for the same doctors, she is very likely to be called for a patient whose family may be almost destitute, and while it is sometimes maintained that a nurse is a luxury and should be engaged by only those who can afford to, yet one must realize that there are conditions so serious as to obliterate all mercenary reasoning from her mind, and sufficient to call forth all humane and philanthropic impulses regardless of remuneration; recompense will come in the saving of a life dear to someone. A nurse never loses by willingly lending herself in such a crisis.

When a nurse receives a call she should accept without any attempt at selection—it is expected of her—a doctor must go where called. If a nurse wishes to specialize she must register accordingly, otherwise she has no right to

make a selection of cases. The time may come when nurses will be privileged as the medical profession—in demanding an extra fee from those who are able to pay, thus making up for gratis cases.

MARY A. CATTON,

Superintendent Training School, General Protestant Hospital, Ottawa.

GRADUATE NURSES' ASSOCIATION, BRANDON.

A special meeting of the Graduate Nurses' Association of Brandon was held in the Y. M. C. A. on February 26, 1912, to hear Dr. Stewart, of Ninette Sanatorium, speak on his favorite subject, "Tuberculosis." Dr. Matheson briefly introduced the speaker, claiming him to be the best authority in the West on tuberculosis.

Dr. Stewart spoke of the prevalence, symptoms and treatment of the disease, and emphasised the fact that it is a disease very difficult both to diagnose and treat, because patients can scarcely be made to realize the importance of careful, rigid treatment in the incipient stages. About fourteen patients on an average are admitted monthly at Ninette, and of these only two are in the incipient stage, three moderately advanced, six advanced cases, but good for treatment, and three bad cases. These figures show that very little attention is paid until



Ninette Sanatorium, Manitoba.

cases are mostly well advanced. "Tuberculosis," says Dr. Stewart, "is a social problem as well as a medical one, since crowded, badly ventilated shops, poor food, overwork of any kind—even overplay—lingering, debilitating diseases, pregnancy, childbirth, lactation, etc., all tend to lower the powers of resistance, thereby giving the latent germ its chance."

A nurse should keep ever in mind the fact of the latent germ in at least an average of one case in two, and the opportunity is hers to note the earliest symptoms and report them to the attending physician, thereby securing for the patient all the advantages that early treatment and early diagnosis afford.

Patient complains first of tired feeling, out of sorts, loss of appetite, particularly in morning, hack (they would not dignify it by term cough), loss of weight, later, temperature is elevated in the afternoon, there is enlargement of glands, and perhaps at this stage a doctor is consulted and a well advanced case of tuberculosis is discovered.

The case is one which cannot be reached by drugs. Regularity in living, fresh air, good food, are all important and necessary, but the *most important* treatment is *Rest*. No rule can be laid down for the care of these cases generally. Each case should be treated singly, and rest, exercise, etc., regulated so as to conserve the strength of the patient that there may be some advancement, though ever so slow, till at last there may even be allowed some expenditure of energy which would be beneficial. "*Tuberculosis is a most curable disease.*" says Dr. Stewart.

He also referred to the unwillingness of many nurses to take charge of this disease, and said while he would not say it should be handled otherwise than most carefully, yet it is not as infectious as measles, scarlet fever, smallpox or even typhoid fever, and a conscientious, careful patient need not be dangerous to anyone.

Dr. Stewart speaks with such earnestness that one almost involuntarily catches his enthusiasm, and feels that advancement has been made along the lines of treating tuberculosis and greater things must shortly be accomplished. He says anyone who has any inclination to take up this work will find plenty of opportunity, for "the fields are white unto the harvest" but "laborers are few."

Brandon.

CHARLOTTE KETTLES.

TUBERCULOSIS VISITING IN LONDON.

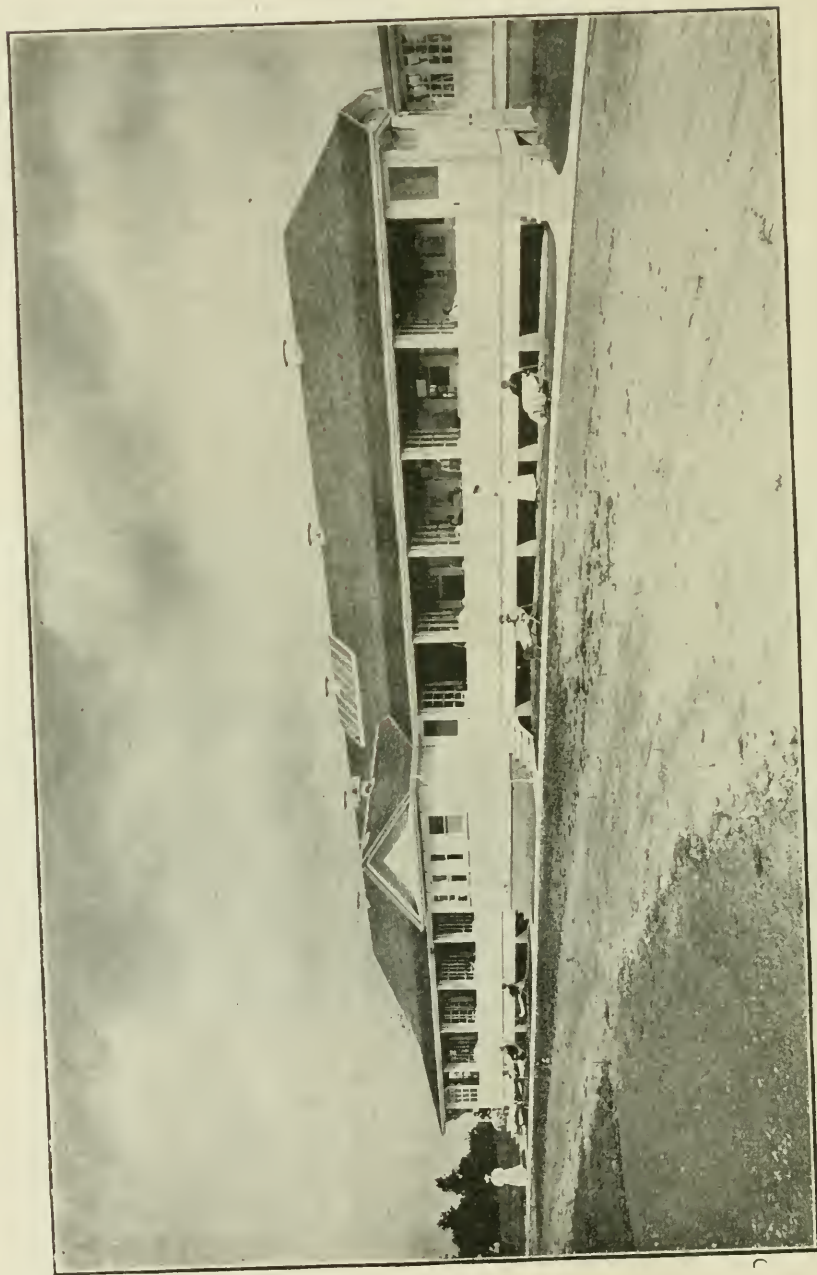
It is just one year since the work of visiting the tuberculous sick of this city was started. During that time it has had quite a marvellous growth. In January of 1911—the month of its inception—fourteen calls were made upon patients. In January, 1912, the number has increased to seventy-five.

At first only London was visited, but later St. Thomas was included, and now one day every two weeks is spent there.

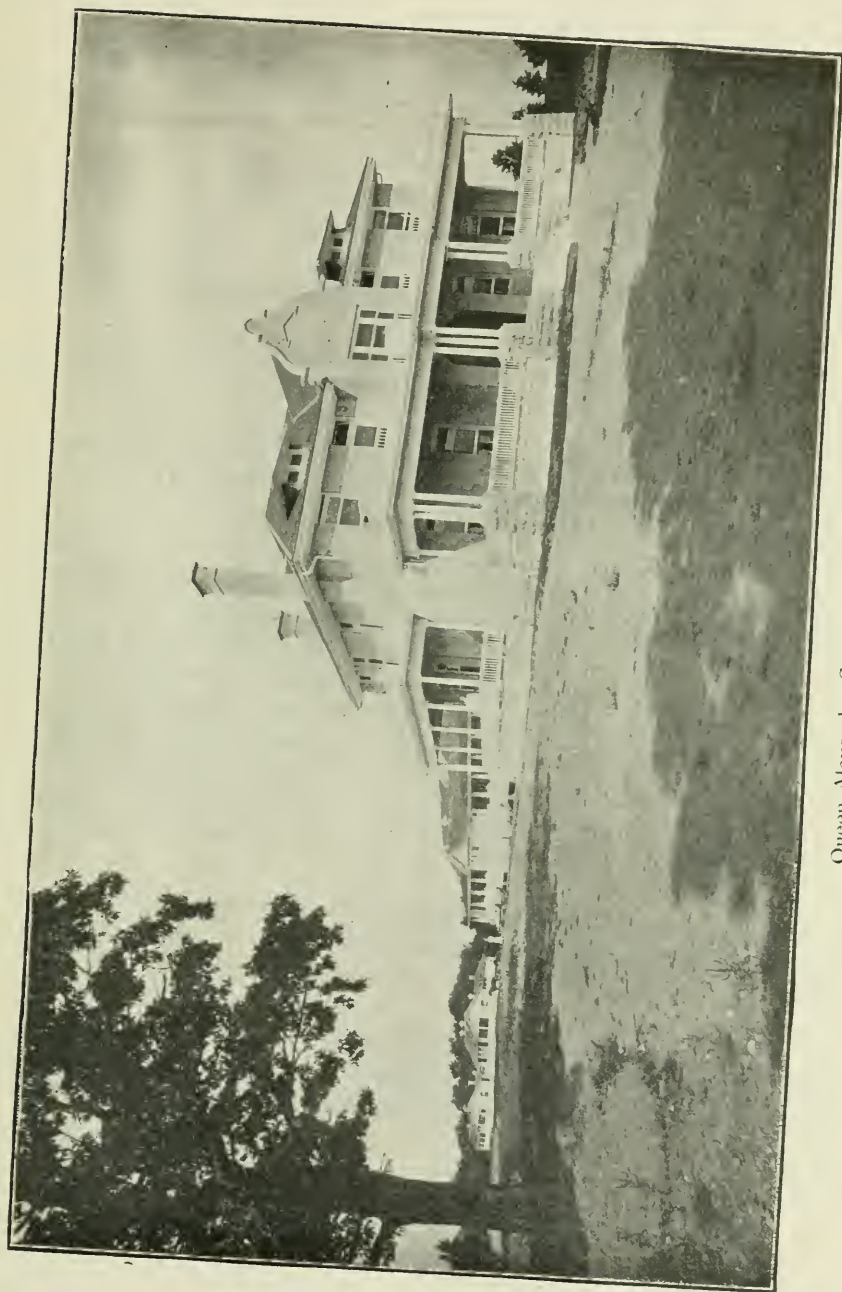
The work consists of general instruction regarding cleanliness, fresh air, food, fumigation, care of sputum, care of dishes and clothing. These instructions are not given just as so many cut-and-dried rules but every direction is explained till the patient has some idea of the troublesome nature of germs.

For the incipient cases we have the Queen Alexandra Sanatorium at Byron, about four miles from London. For the advanced cases a ward is reserved at Victoria Hospital, but there are cases midway between these for whom neither place is suitable. These must be put under the best possible conditions at home. Also some patients suitable for the sanatorium or hospital will not leave home. For all these the nurse must be constantly on the alert to see that her instructions are carried out to the letter, as there is no disease in which a rigid adherence to orders is so necessary.

In an incipient or moderately advanced case every day must have its rest and exercise regulated as even an exciting book will raise a temperature and to that degree delay the recovery.



Queen Alexandra Sanatorium (Pavilion), London



Queen Alexandra Sanatorium, London.

In advanced cases the main objects are to prevent the spread of the infection to others, and to ensure the comfort of the victim.

More often than not the patient is left entirely in the hands of the nurse, the doctor being called only in an emergency. She must be ready to meet every small indisposition as it arises.

The financial condition of the patient is another subject for enquiry. Very often food or clothing must be supplied to enable the patient to carry out instructions.

The fund from which these necessities are supplied is raised by the Woman's Sanatorium Aid Society, an organization whose object is the relief of the tuberculous poor and without whom the nurse would be seriously handicapped.

Unless she has something of this nature back of her it is waste of breath to give instructions which the poverty of the patient makes impossible of fulfillment.

Out of this fund have come blankets, underclothing, footwear, milk, eggs, and various dainties in the line of food even down to sauerkraut, for which one patient long had a craving.

Also by means of this fund we were able to distribute throughout over thirty factories and workshops pamphlets containing a short description of consumption and the means by which it is spread.

After death or removal of a patient the family is given full directions for thorough fumigation, written down so there can be no mistake. If there is no responsible, intelligent person to do it the nurse does it herself.

At first the method of getting the patients was through the clergymen, medical men and friends or relatives of the patient. Now, since the work is better known, nearly all come through the Out-Patient Dispensary.

Through the kindness of the Victoria Hospital authorities, we have our dispensary in the Out-Patient Department of Victoria Hospital. Two afternoons a week are reserved for tuberculosis and any of the city's poor may come for free examination. Medicines are given at the nominal charge of five cents a bottle.

Very often cases come for examination who are suffering from debility, anaemia or similar ailments. To prevent these becoming tuberculous they are always instructed in healthful ways of living and usually one visit is paid to their homes.

Thus, by preventing advanced cases from becoming a source of infection, by trying to cure the early cases and by educating the public we are trying to do our share with the other cities to lessen the number of recruits for the army of tuberculosis.

London, Ont.

L. M. WATSON.

REGISTRATION.

The Graduate Nurses' Association of Manitoba held a meeting in the Nurses' Home of Winnipeg General Hospital on February 15th, to consider the question of registration for nurses. Doctors and Superintendents of hospitals throughout the Province were invited to be present to discuss the question that a decision satisfactory to all might be reached.

"Miss K. A. Cotter, President of the Alumnae Association of the Winnipeg General Hospital, was in the chair. Addresses on the subject, followed by lively discussions, were given by Mrs. J. H. R. Bond, Miss Bowman, Superintendent of the Hospital of Portage la Prairie; Mrs. Ethel Gilroy, Miss P. Smith and Miss Rathbone.

"Mrs. Bond said she had come in contact with many nurses, and each year was more and more impressed with the crying need for legislation requiring a definite standard. The great difficulty was the small hospital, and that might be overcome by a scheme of affiliation with the large institutions.

"Dr. W. R. Nickols, saying that he represented the Misericordia Hospital, stated that he agreed entirely with the demand for a three-year course for a general nurse and for a standard of preliminary training. But there was the question of special nurses. Nurses in the Misericordia Hospital, for instance, received a training in obstetrics—how was the question to affect them?

"‘What is to prevent a nurse with only a special training from demanding a general case?’ put in Dr. Mary Crawford.

"Dr. McRae, of Neepawa, was heartily in accord with the setting up of a general standard of training and for entrance tests, but disagreed with the proposed clause forbidding nurses in training in small hospitals from doing a little private nursing. It was the only way they could get this phase of the training.

"C. N. Bell remarked that the purpose was not to interfere with any nurse whatsoever, but to give those who could pass the required test the right to put R.N. as a testimonial after their names.

"Miss P. Smith contended that registration would protect the nurse and the public would get better educated woman to go into the profession.

"Dr. W. P. Morrill had had much experience with graduate nurses and had seen the workings of registration in New York, Pennsylvania and Maryland. The crux of the whole discussion, in his opinion was the distinction between sympathy for the young woman seeking a means of livelihood in a nurse's diploma, or sympathy for the public she was about to practice upon. ‘Keep your standard high,’ he advised, ‘but remember it is not you nor I but our patients that are to be considered.’ He suggested a plan of grading nurses such as registered, graduate and practical. The medical profession in the United States had had a similar struggle.

"Mrs. Bowman dealt with the pros and cons of the affiliation of the small with the large hospitals, suggesting that a nurse might take her first year in a small hospital, her second in the affiliated large hospital, and return to her own to graduate.

"Miss Rathbone considered the question in the final analysis devolved on the nurses, and begged them to reach some conclusion.

"Following Miss Gilroy's plea for the protection of the profession and of the public by registration, Mr. McNeil, of Dauphin, said he was in favor of the spirit of the proposed legislation, but considered that the bill should not be too stringent, but should adapt itself to Manitoba conditions."—*Manitoba Free Press*.

"That the nursing profession become a part of the University and that nurses receive degrees from that body was the suggestion made by Dr. Mary

Crawford. She said if the profession and the University were linked up in this way in each Province, an interprovincial system of ad eundem degrees might be arranged, such as the medical profession in Canada was struggling for. Under this scheme a candidate for the profession would have to have matriculation standing. Her experience in her practice had concerned her that a definite standard for nurses was necessary in the interests of the public. R. N. would mean not only 'registered' but 'reliable' nurse.

" 'A doctor or a lawyer,' said Dr. Halpenny, 'is forbidden by law to practice unless fully and definitely qualified, but the law has no bearing on the nurse. From the standpoint of the public welfare this is wrong.' He said that in three months after he went into private practice he encountered no less than five persons calling themselves graduate nurses, and practising as such, who were discharged probationers from the Winnipeg General Hospital. He had known of these impostors endangering lives, but there was no one to say them nay. There were the three reasons for the new system, *the rights of the patient, of the women who spent three years in training and of the physicians.* He also heartily concurred in the University scheme, saying that educationalists and hospital authorities could work out the details.

"Dr. McKenty, of St. Boniface Hospital, agreed in the necessity for a legalized standard, but thought the time was not ripe for demanding matriculation as the preliminary education.

"Dr. D. A. Stewart, of Ninette, speaking on the affiliation of hospitals, made a special plea for nurses taking a course at the sanatorium to learn something of the treatment of tuberculosis. The ignorance of nurses of the proper treatment of this disease, militated against the chance of eradicating it.

" 'We can't get graduate nurses to go into the country,' said Dr. Hugh Mackay. 'We must retain the country hospitals.'

"C. N. Bell said that the directors of the General Hospital would help the nurses as soon as they had formulated a plan. A resolution moved by him and seconded by Mr. McNeil, of Dauphin, expressed the spirit of the meeting as in favor of setting a definite standard for the nursing profession, both in the interests of *the public* and of *the profession* itself."

ANNUAL MEETING.

The twelfth annual meeting of the Canadian Association for the Prevention of Tuberculosis takes place in the Margaret Eaton Hall, North Street, Toronto, on May 20th and 21st, under the presidency of Dr. J. Geo. Adami, McGill University, Montreal.

THE IDEAL NURSE.

A Recipe.

If you would make an ideal nurse,
 Just follow these directions terse.
 Take all the virtues one by one.
 That can be found beneath the sun.
 Rude health will surely be required,
 And strength and patience never tired.
 Truthfulness almost to excess,
 With tact that borders on finesse.
 The man's control of heart and nerve,
 The woman's eagerness to serve.
 A spirit capable of sway,
 Yet trained in meekness to obey.
 An aim sublime, a tender heart,
 The skill to act a varying part.
 An observation wide and clear,
 A watchful eye, a listening ear.
 A hand as soft as velvet, teen,
 Though often washed in lye.
 Take them and mix them, if you please,
 In right combining qualities.
 Add as a flavouring, generously,
 Strong essence sweet of sympathy.
 And like a sauce to bind the whole
 Use true unselfishness of soul.
 Warm well—the mixture's spoilt if cold;
 Serve in a neat and tasteful mould.

—*Nursing Journal of India.*

THE SCHOOL NURSE

The regular monthly meeting of the Public School Nurses' Association was held at the "Brown Betty," 42 King street east, Toronto, on March 4th. Miss Rogers, President, presided.

Dr. Hastings, M.H.O., Toronto, gave an address on the work of his department, referring specially to the assistance given by the School Nurses who reported cases of suspected infectious disease in school or home.

A hearty vote of thanks was tendered Dr. Hastings for his interesting and instructive address. Dr. Struthers, Chief Medical Inspector, was also present.

The Association has decided to hold the Annual Dance on Friday, April 19th, in the Temple Building.

Tea was served by the hostesses for the month.

Six nurses have been added to the Toronto Public School Staff—Miss Webster, Graduate of Grace Hospital, Toronto; Miss Brick, Miss Dayman and Mrs. Feeney, of Toronto General Hospital; Miss Elliott, of Lakeside Hospital, Cleveland, and Miss Van Every, of Buffalo General Hospital.

The greatest problem that confronts the School Nurses of Toronto is the inability to secure work through the proper agencies for the fathers who are idle. They are willing to work but there seems to be no organized plan of finding the work and acquainting the man who needs it with the fact.

Miss Helen Bone, Graduate of Grace Hospital, Toronto, who recently took a course in School Nursing in Vancouver, B.C., has been appointed School Nurse in South Vancouver. She has under her supervision seven schools with an attendance of 2,500 children.

In Vancouver, B.C., in 1911, the School Nurse assisted at 47,250 examinations, and visited 908 homes.

The London County Council has thirty-five day schools for physically defective children. In addition, teachers are provided for the schools in the London Orthopedic Hospital, the Alexandra Hospital for Hip Disease and the Hampstead Hospital for Incurable Children. The nurse, in her ambulance, collects the children, getting the last there about ten o'clock. She begins her rounds at 3 p.m. to take the children to their homes. A hot mid-day meal is provided, for which the parents pay 2d.

The nurse, who receives full instructions from the Medical Officer for the proper treatment of the children, has them constantly under supervision and entirely in her care during the noon hour (12-1.30). Special furniture is provided to enable the children to do their lessons with all possible ease.—*The Nursing Times*.

Dr. Brincker, lecturing to the L. C. C. School Nurses on "Skin Diseases," gave his scheme for dealing with any kind of eruption:—

Observe the shape, size and appearance of rash.

Decide where it originated.

Notice the plan of distribution and the arrangement in respect of grouping.

Notice whether there is pigmentation on the parts where rash has disappeared.

Observe the presence or absence of induration.

Ascertain the history of the rash, the presence or absence of rise of temperature.

Notice the general symptoms preceding, accompanying, or following the rash.—*British Journal of Nursing*.

A PRAYER FOR OUR CHILDREN.

Bless our children with healthful bodies, with good understandings, with the grace and gifts of Thy spirit, with sweet dispositions and holy habits; and sanctify them throughout in their bodies, and souls, and spirits, and keep them unblamable to the coming of the Lord Jesus.—Jeremy Taylor, 1613-1667.

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Editorial

ARRANGEMENTS FOR COLOGNE.

Nurses who contemplate attending the Congress at Cologne are reminded that they should arrive not later than Saturday, August 3rd. The Nursing Exhibition opens on that day and the delegates will be welcomed on the evening of the 4th, after the custom of foreign countries. Names of delegates should be sent to the President, Sister Agnes Karll, so that tickets and badges may be ready.

NOTE.

Canadian nurses who contemplate taking positions in the United States should first be careful to acquaint themselves with the requirements of the Alien Labor Law.

A nurse from one of our large cities, going to a position in a large city in the United States, recently had the humiliating experience of being refused admittance to the country. And she was a United States graduate, too. A knowledge of the law in this matter will prevent any recurrence of such an unfortunate experience.

In the report of the Annual Meeting of the National Council of Women of Canada, we note that H.R.H. the Duchess of Connaught purposes making a strong appeal to the different branches of the Victorian Order of Nurses to send more nurses into the isolated districts of Canada. This appeal to Graduate Nurses to do pioneer work should receive their thoughtful and sympathetic attention. The work, no doubt, is difficult, very difficult, and the isolation strikes terror into the heart of many an earnest worker, but it is needed, nay, it is necessary, if the mothers are to receive the care they need and which, from a humanitarian point of view, they rightly require at our hands.

There was a proposal to have partially trained, and in some cases untrained women, do this work. Would that be right? Are these isolated women not deserving of the best? Will the Graduate Nurse be found wanting when the call to duty sounds? Never, never let such a statement be possible. The fear of failing to make ends meet might well deter a nurse from undertaking this work on her own initiative, but let the wherewithal be guaranteed and the Graduate Nurses of Canada will rise to the call of these needy ones and the work will be done, and rightly, by Canadian nurses.

This may help to solve the problem, "How to Keep our Nurses at Home," which is claiming much thought at the present time.

The *British Journal of Nursing* of February 10th, gives some startling facts about hospitals in Germany which explain why German nurses are anxious that two questions should receive full consideration at the Cologne Congress: (1) The Position and Responsibility of the Matron in Training Schools for Nurses; (2) The Overwork of Nurses.

"In Germany, the large hospitals are maintained by the State," and the result is "a veritable parsimony in the working of the hospital and a great lack

of the milk of human kindness. Nothing but bare necessities anywhere." The absence of an efficient nursing staff seems the most deplorable. A hospital of 600 beds with only some 60 nurses, seems an impossibility. And a patient, after a severe abdominal operation, returned to the ward and left to the tender mercies of a convalescent, seems still more impossible.

The Matron has little power and so is unable to better the lot of either the patient or the nurse.

German nurses, under the able leadership of Sister Agnes Karll, have been working long and faithfully to bring about a better state of affairs. It is earnestly to be hoped that the Cologne Congress will be a powerful factor in furthering their work.

"SAIREY GAMP AT HOME."

The means taken by the London (England) nurses to celebrate Dickens' Centenary, was a most complete success as well as a thoroughly enjoyable function. *The British Journal of Nursing* says:—

"Great was the amusement and admiration expressed as each character appeared. The make-up and dresses were simply wonderful, and many friends were almost unrecognizable in their marvellous disguises.

"The hostess, Sairey Gamp, inimitably portrayed both in costume and character by Miss Ellen Birch, of St. Bartholomew's Hospital, played her part with great humor, and her faithful crony, Betsey Prig, Miss Hunter, was equally personable; the former rosy and rotund, the latter lank and lugubrious.

"Miss Beatrice Cutler, perfect as Madame Mantalini, and to whom the success of the evening was due, circulated genially around, dressed in a full, flounced, fringed, striped fawn silk gown, worn over a graceful crinoline, with a black and gold turban surmounted by two most frisky white feathers, added to which her glittering old cut steel ornaments, long earrings, necklet, hair comb and bag gave a most realistic touch to her whole costume. So full of *esprit* and *bon ton* was Madame Mantalini that we must presume we met her in the days of comparative prosperity, when head of the celebrated millinery establishment, and before—poor dear—her persuasive husband had spent all her money and reduced her to turning a mangle!"

ANNUAL MEETING.

The Sixth Annual Meeting of the Canadian Society of Superintendents of Training Schools for Nurses will be held in The Residence, City Hospital, Hamilton, Thursday, May 23rd, 1912, commencing at 10 a.m.

Friday evening, May 24th, a union meeting will be held with the Graduate Nurses' Association of Ontario.

An attractive and interesting programme has been prepared. A very cordial invitation is extended to those interested.

KATE MADDEN, President,
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Saint Barnabas

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 at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.
Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

The fifteenth annual meeting of the Montreal Branch of the Guild was held on Tuesday, January 16th, when those present included Miss Stikeman (Superior) in the chair, the Chaplain, 5 Honorary Members, 11 members, 1 associate and 2 visitors.

The following extract from the Secretary's Report for the past year may be of interest:—

Our Roll now includes 50 members, 2 associates and 12 honorary members, two English members having been transferred to the Branch in 1911.

During the year seven regular meetings have been held, with an average attendance of ten nurses at each. There was no meeting in April. St. Barnabas' Day falling on Sunday, no special service was held, the members attending celebrations at their own churches. In the afternoon the Superior kindly invited members to tea in her garden, but the weather was so bad that very few were able to take advantage of the invitation. In December the Superior again entertained several of the members at tea. The addresses at the monthly meetings have been given by the Chaplain, with the exception of one by the Rev. H. M. Little, and one by the Rev. Mr. Durrand. Monthly celebrations have been held at the Royal Victoria Hospital by the Chaplain and have been well attended. For the greater part of the year it was impossible to have celebrations at the General Hospital on account of changes in the building, but these have now been resumed, and are much appreciated by the nurses.

As in the past several of the members living at a distance from Montreal continue to take an interest in the Guild and show this interest by corresponding occasionally with the officers and by their enquiries as to its welfare.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Miss Mina Rodgers, General Hospital, Niagara Falls, Ont.; Second Vice-President, Mrs. W. S. Tilley, Toronto; Recording Secretary, Miss Ina F. Pringle, 164 Cottingham Street, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss L. L. Rogers, 908 Bathurst Street, Toronto.

Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Mrs. Paffard, 81 Grenville Street, Toronto; Miss K. Mathieson, Riverdale Hospital, Toronto; Miss A. J. Scott, 11 Chicora Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Jean C. Wardell, 97 Delaware Avenue, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss Ewing, 569 Bathurst Street, Toronto; Miss E. R. Greene, 130 Dunn Avenue, Toronto; Miss Butchart, 563 West Bloor Street, Toronto; Miss Jamieson, 23 Woodlawn Avenue East, Toronto; Miss DeVellin, 505 Sherbourne Street, Toronto; Miss Barnard, 608 Church Street, Toronto; Miss Kimmett, 853 Bathurst Street, Toronto.

Convenors of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss A. J. Scott; Press and Publication, Miss L. L. Rogers; representative to The Canadian Nurse Editorial Board, Miss Jamieson.

The regular monthly meeting of the Executive was held at the Graduate Nurses' Club, 295 Sherbourne street, Toronto, on Thursday, March 7th, at 3 p.m. Ten members were present.

Miss Madden, President of the Canadian Society of Superintendents of Training Schools for Nurses, honored the meeting by her presence.

Arrangements were made for holding the Executive Meetings at the Club. As the work of the Nominating Committee was not complete, the report was referred back. Two new members were received.

Treasurer's Report showed \$332.41 in the bank.

The report of the organization of a Chapter of the G. N. A. O. in Hamilton, the first, gave much pleasure. A letter of congratulation was sent to the Chapter.

A desk is to be secured for the preservation of the books, papers, etc., of the Association.

Ballots for Officers and Directors of 1912-13 will be sent to all members in good standing at an early date. It is hoped that every member will carefully mark hers and return it to the Secretary.

The Annual Meeting will be held at Hamilton on the morning and afternoon of May 24th.

A union meeting of this Association and the Canadian Society of Superintendents of Training Schools for Nurses will be held on the evening of May 24th.

An interesting programme has been prepared and will be in the hands of members early in April. Come prepared to take part in the discussions.



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

Established 1895.

Incorporated 1901.

President—Miss Phillips.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison Street.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 112 Mansfield Street, first Tuesday, 8 p.m.

The C. N. A. met on Tuesday, March 5th, to hear Dr. Chipman. Limited space forces us to lay aside much that is intensely interesting, and give, in outline only, his invaluable advice to individual nurses:—

“The world has very slowly learned the lesson of the good Samaritan. Two things teaching us this lesson are education and training. Education and training has made the nurse to-day—respected and honored, and, if the right sort, loved.

“Of the future. How are you to combat the monotony, discouragements, the stultifying routine and servitude of your profession, how make and keep the best of yourselves and maintain your ideal. Take an inventory of your professional assets—the things you do well, and the things you dislike or do badly—strengthen the weak spots. Be an all round, intelligent woman.

“Cultivate a taste for reading. Read a little every day and gradually you will come to like the more solid books. Read a current periodical.

“Take up a hobby, music, drawing, fancy work, anything. Collect things. Do something and so forge links of common interest with your fellows. Be cosmopolitan in your interests and sympathies and broad in your views. Laugh often, and often at yourself.

“Education and training are the impetus to surge mankind upward and forward.”

A vote of thanks was tendered by the President. It is needless to add the lecture was most thoroughly appreciated and will, we hope, be put to practical use.

Nurses are busy interesting themselves in the coming bazaar.

Mrs. Maill (née Fortescue) has come East with her baby daughter. Her stay is indefinite.

My Scallop Shell of Quiet

Friendship hath the skill and observation of the best physician; the diligence and vigilance of the best nurse; and the tenderness and patience of the best mother.—*Lord Clarendon.*

The only way to have a friend is to be one.—*R. W. Emerson.*

Take heed of thy friends. A faithful friend is a strong defence; and he that hath found such a one hath found a treasure.—*Proverbs.*

So long as we love we serve—so long as we are loved by others I would almost say we are indispensable, and no man is useless while he has a friend.—*R. L. Stevenson.*

Don't flatter yourselves that friendship authorizes you to say disagreeable things to your intimates. On the contrary, the nearer you come into relation with a person, the more necessary do tact and courtesy become.—*Oliver Wendell Holmes.*

The years have taught some sweet, some bitter lessons, none
Wiser than this, to spend in all things else,
But of old friends be most miserly.

—*J. R. Lowell.*

It is a good and safe rule to sojourn in every place as if you meant to spend your life there, never omitting an opportunity of doing a kindness, or speaking a true word, or making a friend.—*Ruskin.*

Cultivate kindly those friendships of your youth; it is only in that generous time they are formed. How different the intimacies of after years are and how much weaker the grasp of your hand after it has been shaken about in twenty years' commerce with the world and has squeezed and dropped a thousand equally careless palms.—*Tennyson.*



CHIEF SUPERINTENDENT'S REPORT.

As we leave the year 1911 it is with mingled feelings that we look back over the Victorian Order field—the broad Dominion—feelings of thankfulness that we have been able to accomplish so much, of regret, that we have not accomplished more, and of enthusiastic hope, springing from our increased knowledge of needs and conditions, that we will accomplish a great deal more during this present year. And, as this report unfolds, the reason for these mingled feelings will be seen.

From the statistical viewpoint, the year has been one of expansion. Our nurses have cared for, in the hospitals and districts, 19,922 patients, the district nurses have made 162,373 visits, 5,923 of which were in answer to night calls, 525 days' continuous nursing were reported, and in the hospitals, 48,739 hospital days. The increases over last year's reports are: 1,733 patients, 32,730 visits, 1,630 night calls and 5,460 hospital days.

Fifty-nine nurses have been admitted to the Order, and 24 have resigned. Of these, seven have resigned to be married, five on account of ill-health, two by request, one to take up other work, and nine from other causes. Two have returned to the Order and two are on the Reserve List. The total number of nurses in active service under the Order is 191—an increase of 31 during the year. They were distributed as follows: In the hospitals, 36; in districts, 106; taking the post-graduate course in the Homes of the Order, 25; nurses-in-training in hospital training schools, 24.

Forty-four visits of inspection and 18 for organization have been made by the Chief Superintendent.

Six new branches have been opened: Districts at Sherbrooke, St. Johns and Ste. Anne de Bellevue, in the Province of Quebec; at Dundas, Ontario, and a hospital at Quesnel, B.C. A Victorian Order nurse has been sent to work on the Indian Reserve near Brantford, under the New England Missionary Society—that interesting society that has just celebrated its 250th anniversary. The Lady Minto Hospital, at Islay, Alberta, which is being built with the aid of a grant from the Order, is nearing completion. And a Lady Grey Country District Committee is organized at Innisfail, Alberta, ready for a nurse.

(To be continued.)

HOSPITALS AND NURSES.

Miss Amy Claxton, Victorian Order Nurse in Canso, C.B., is to be decorated by the Italian Government for her services to the sufferers in the Messina earthquake in 1910.

Mrs. Staebler, Superintendent of Sherbrooke Protestant Hospital, Sherbrooke, Que., has returned from Atlantic City, where she has been recuperating for a month.

Dr. W. P. Morrill, formerly of Baltimore, is the new Medical Superintendent of Winnipeg General Hospital.

Miss Switzer, Graduate of Toronto General Hospital, Class '06, is home on furlough from Chung King, China, where she was engaged in hospital work. Miss Switzer is most enthusiastic about the possibilities of the work there and looks forward to her return. She spent a few days with Miss Halley, 1 St. Thomas street, Toronto, who is a classmate. Miss Halley entertained the members of the Class of '06 to tea on the afternoon of February 23rd, in honor of Miss Switzer.

Miss Margaret K. Anaeker, of Pittsburg, Pa., a Graduate of the Western Pennsylvania Hospital, Pittsburg, and also of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, is giving lectures and practical instruction in massage to the nurses in training at the General Hospital, Butler, Pa., and the General Hospital, Braddock, Pa.

The Annual Meeting of the Vancouver Graduate Nurses' Association took place at the Nurses' Club, Wednesday evening, January 3rd, 1912.

The Registrar's Report for the year ending December 31st, 1911, for the Graduate Nurses' Registry showed:—Number of nurses registered, 173; number of calls, 950.

Treasurer's Report:—Brought forward, \$48.25; receipts, \$58.75; expenditures, \$90.90.

Secretary's Report showed:—Number of members, 86.

Work done during the year included the drawing up of a Bill of Registration for Nurses for British Columbia, and plans for forming a Graduate Nurses' Association of British Columbia.

The following officers were elected for 1912.—

President—Miss Hall, 111 Broadway east.

First Vice-President—Miss Hancock.

Second Vice-President—Miss Barnard.

Treasurer—Miss Black, 825 Bidwell street.

Secretary—Miss R. Judge, 811 Thurlow street.

The Committees for Registration, Sick Visiting and Social Work were formed. The V. G. N. A. proposes to give a series of "Bridge Drives" in order to raise funds to go towards the expenses of the proposed Act of Registration.

Fort William, Ont.—The Graduate Nurses' Association of Thunder Bay District held a special meeting in February at the home of the Honorary President, Mrs. J. G. Cooke. The subject under discussion was presented by the Equal Suffrage Association through the Local Council of Women. The grant-

ing of the franchise to married women with property qualifications. The vote at the close of the discussion was in the affirmative.

An effort was made to secure some new subscribers for *The Canadian Nurse*. At the close of the meeting refreshments were served and a social half-hour much enjoyed.

The regular monthly meeting of the Ottawa Graduate Nurses' Association was held at the Club, Somerset street, Monday, February 12th, at 3.30 p.m., with a large number in attendance. The President, Mrs. Ballantyne, was in the chair.

After the routine business had been attended to, Dr. Klotz of the Dominion Observatory, spoke on various interesting topics. His remarks were most instructive and entertaining and much appreciated by all. The meeting then adjourned, after which refreshments were served.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held Friday, March 1st, at the Nurses' Residence—the President in the chair.

The Finance Committee on the furnishing of the Nurses' Ward in the new Hospital brought in the suggestion that printed pledge cards be sent to each member of the Association. The suggestion was adopted by the meeting. After the business was over Mr. Starr, Judge of the Juvenile Court, spoke to us on his work among delinquent children. His policy is not one of punishment but of moral prophylaxis, if we may so use the term. The address and the following informal discussion were thoroughly interesting and educative. A hearty vote of thanks was tendered Mr. Starr. After the usual cup of tea the meeting adjourned.

The Vancouver Graduate Nurses' Association held its regular monthly meeting at the Nurses' Club, Barclay street, on Wednesday evening, February 7th. There was a large attendance and a good deal of business discussed. The value of registration for nurses was the foremost topic. Seven new members were enrolled. The report of the bridge party, given under the auspices of the V. G. N. A., was very encouraging. Twenty-four tables were filled, and after all expenses are paid the Social Committee will be able to place a sum of over \$80.00 to the Registration Bill Fund. The Committee has planned a Cinderella dance on Tuesday the 20th, which is expected to be a like success. The proposal to affiliate with the Local Council of Women was unanimously carried.

Hamilton.—On Friday, February 23rd, a meeting of all Graduate Nurses in Hamilton was called to meet at the Nurses' Club, 143 James street south, for the purpose of forming a Chapter of the Graduate Nurses' Association of Ontario. Twenty-two nurses were present. Miss Madden, Superintendent of the City Hospital, was appointed Chairman. The matter was discussed and the aims and advantages of such a Chapter explained with the result that it was unanimously agreed that a Chapter be organized. Miss Smith was appointed Chairman, and Miss Hanna Secretary-Treasurer. It was decided that meetings be held the fourth Friday of each month at the City Hospital Nurses' Home at 8 o'clock p.m. Notice of meeting will be printed in the city papers each month.

At the end of the fall, 1911, course in Mechano-Therapy the following students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa.:—

Ella W. Hill, Bluefield, W. Va.; Elizabeth Auld, Naugatuck, Conn.; Jessie W. Doty, Burlington, Ill.; Alice F. Ware, Townshend, Vt.; Harriett E. Adams, Mobile, Ala.; Effie R. Hatfield, Lumberton, N.C.; Agnes Deegan, Savannah, Ga.; Lizetta Keebler, Pittsburg, Pa.; Margaret M. Maloney, Pittsburg, Pa.; Sarah E. Moorman, Lynchburg, Va.; Jennie Dean, Bellingham, Wash.; Lucy S. Wright, Atlanta, Ga.; Lucy M. L. Maloney, Ottumwa, Iowa; Margaret Jamieson, Gananoque, Ont.; Helen C. Good, Norwich, Conn.; Emily N. Miller, Reading, Pa.; Marion W. Bryant, Mt. Airy, Pa.; Jeanne H. Fracker, Philadelphia, Pa.; Anna M. Vetter, Fairburg, Ill.; Herman E. Knies, Hazelton, Pa.; Herman J. Schingock, Buffalo, N.Y.

The regular monthly meeting of the Central Registry Committee was held at 569 Bathurst street, on Monday, March 4th, at 3 p.m. In the absence of Miss Ferguson, the Convener, the chair was occupied by Miss McKenzie, R.N. Eight members were present. Four applications were considered by the Committee and accepted.

The Registrar's Report showed the total number of calls for February to be 264. Three cases were helped by the Extension Fund. There are 392 members. The total bank balance is \$1,878.47. Four nurses have joined the School Nursing Staff—Mrs. Feeney, Miss Brick, Miss Dayman, Graduates of Toronto General Hospital, and Miss Webster, Graduate of Grace Hospital, Toronto.

Miss Hedge, Graduate of Guelph General Hospital, has taken a position in Cobalt Mines Hospital.

The regular monthly meeting of the Alumnae Association of Toronto General Hospital was held at the Nurses' Residence on Friday, March 1st, at 3.30 p.m. Miss Christie, First Vice-President, presided. The Clothing Committee reported a number of garments ready for the Evangelia Settlement. Fifteen dollars was voted to the furnishing of the new Club. As the speaker for the afternoon was unavoidably absent, the meeting was adjourned after some discussion re plans for Annual Meeting.

The new dispensary of the Medico-Chirurgical College and Hospital, Philadelphia, was opened on March 7th. The building, one of the best in the city, is situated opposite the hospital, and is large and commodious with ample provision for every department. It is one storey in height and the rooms are almost all lighted by skylights, thus ensuring privacy and an abundance of illumination.

The waiting room at the rear of the building is spacious and well lighted by means of a large octagonal skylight immediately over the fountain and by large south windows. The fountain, which is a gift to the hospital from the J. L. Mott Company of New York, rises from a circular basin eight feet in diameter and is of handsome design. Surrounded by growing plants and with gold fish playing in the basin below, it adds much to the attractiveness of the waiting room and of the dispensary in general. Surrounding the fountain are plain but comfortable benches for the waiting patients; a sanitary drinking fount that obviates the use of a common cup is at one side; and toilet rooms with sanitary fixtures, and that can be flushed by hose from top to bottom, flank

the waiting room on the west, as does the room for the janitor and pharmacy supplies. The waiting room is also intended for the use of ambulant patients from the wards of the hospital at such hours in the morning and afternoon as the dispensary is not in use by out-patients.

St. Catharines, Ont.—The first monthly meeting of the Alumnae Association of the Mack Training School, St. Catharines, was held on March 5th in the Nurses' Home. Miss Uren, Superintendent of the Hospital, kindly gave the Association the use of the Home for its meetings. Miss Tuck, the President, presided. Plans were discussed for future meetings and a pleasant and profitable series is anticipated. The next meeting will be of a social nature. Will the nurses bear in mind that the meetings are held the first Wednesday of each month.

Miss Elliott has returned to the city and has taken up private nursing. We are glad to welcome her back.

The new hospital at Chilliwack, B.C., was declared ready to receive patients by Rev. R. J. Douglas, Chairman of the Hospital Board, on February 27th, in the presence of a large number of guests. The need of such an institution has long been felt and the expression of satisfaction with the work accomplished was general. The hospital, situated in the southwest corner of the town, will accommodate sixteen patients. Mrs. Wemp is the Superintendent, who, with two probationers, forms the present staff.

TUBERCULOSIS IN JAPAN AND SYRIA.

Japan is not lagging behind in the fight against tuberculosis. The Japan Health Association has over 200,000 local members and carries on a campaign of lectures in the cities and towns of the country. Tuberculosis is increasing in Japan, due chiefly, Prof. S. Kitasato of Tokyo says, to the rapid development of the factory system of industry, the introduction of modern methods and manners of civilization and the increasing acuteness of the struggle for existence.

Consumptives in Syria are treated to-day much in the same way as the lepers have been for the last two thousand years. Tuberculosis is a comparatively recent disease among the Arabs and Syrians, but so rapidly has it spread that the natives are in great fear of it. Consequently when a member of a family is known to have the disease, he is frequently cast out and compelled to die of exposure and want. A small hospital for consumptives has been opened at Beyrout.—*Nurses' Journal of the Pacific Coast.*

ECLAMPSIA.

Eclampsia is one of the complications of labor that the nurse dreads perhaps more than any other. *The Nursing Times*, after noting a very severe case of Eclampsia which seemed almost hopeless but which finally yielded to treatment and the patient made a good recovery, says:—

Perhaps the keynote of this narrative is “hope,”—that even the most severe cases may not terminate fatally; and this idea is borne out by the discussion on a paper recently read by Dr. Hastings Tweedy, late Master of the Rotunda, on “The Cause and Cure of Eclampsia.”

Given, of course, pregnancy as a necessary predisposing cause, though the reason for it is so far unexplained, Dr. Tweedy asserts that “food is the actual exciting cause of eclampsia, and the primary cause of the toxemia giving rise to heart failure. Theorizing as to the general conditions which lead up to this culmination he says, “Observation has shown us that many pregnant women do not drink enough fluid. Concentration of the toxins which arise from maternal and foetal waste may overtax the excretory organs and cause degeneration. The curious cravings which some pregnant women experience, due entirely to accumulation of toxins, will cause much indigestible food to be taken, and this food is frequently incompletely masticated.”

But it is not only on these earlier mistakes in diet that Dr. Tweedy bases his theory of treatment. He had observed that “neither medicine nor food could be safely placed in the mouth of an unconscious patient. If placed in the mouth they are likely to find their way into the lungs rather than into the stomach, thus predisposing to bronchial inflammation, and leading to pulmonary oedema. Digestion was in abeyance during the unconscious state, and therefore the presence of food in the stomach increased the severity of eclampsia.” Basing his conclusions on the results of several cases which he quotes, Dr. Tweedy's method is to absolutely withhold all food, even milk or whey, for a long period after consciousness is regained, or until recovery is complete.

Stomach lavage is the next important item in the treatment recommended, not only by Dr. Tweedy, but by other speakers, a purgative being subsequently poured through the tube. The lower bowel is then thoroughly washed out with a solution of sodium bicarbonate given through a long rubber tube; and when all faecal matter is cleared away about a pint of the solution is left in the rectum. If, in spite of this, the urine remains scanty, sub-mammary infusion of a similar solution is practised, the injections amounting to one to two pints. Linseed meal poultices are applied to the loins to help to increase renal activity, and changed every three hours. Mucous which forms in the mouth is wiped away, and in this connection it is important to keep the patient on her side, as, if the mucous is allowed to collect in the pharynx, it will cause spasm of the glottis,—a fruitful source of asphyxia, as Dr. Tweedy points out. Should this occur “the attendant is instructed to draw the patient's head and shoulders over the side of the bed and at the same time to turn the face down towards the floor. This pouring of bloody mucous from the nose and mouth, with rapid relief of symptoms. Oxygen and artificial respiration are important aids in the re-establishment of breathing. Should consciousness be restored sufficiently to permit of swallowing, the patient is encouraged to take frequent draughts of hot or cold

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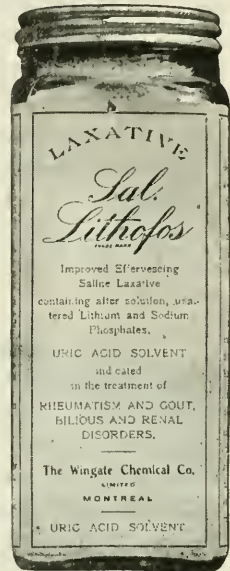
SAL LITHOFOS is of value in restoring the organism to a normal state in a very short time. Sal Lithofos by virtue of its saline aperient qualities is of distinct service in the treatment of cirrhosis of the liver and its attendant disorders.

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Just the thing for Hospitals and Sick Rooms

Full Particulars and Prices from

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P. S.—The Montreal Hospitals are using Florozon.

water." Dr. Tweedy gives half grain, followed by quarter grain doses of morphine. Vapor baths and similar treatment he objects to on the ground that "eclampsies are suffering from paucity of fluid in the circulation, and this in spite of their tissues being possibly solid with œdema. What is greatly wanted," he says, "is a less saturated condition of the blood, and it is impossible to suppose that profuse sweating can have any other action than to increase this abnormality. Only a minimum of toxins (if any) can be eliminated by sweating."

A good deal of this treatment would only be effective, or possible, in the hands of a medical practitioner, but it presents some useful hints to midwives. In conclusion, while admitting that all kinds of fits have always an element of danger apart from the actual disease, Dr. Tweedy is convinced that treatment on these lines will result in materially decreasing the mortality of eclampsia; "and," he says, "no other disease better repays the attendant for personal supervision."

SEPTICAEMIA IN SCARLET FEVER.

The *British Medical Journal* reports that Hutinel describes a case of septicaemia in scarlet fever. In the first days of the fever symptoms of a severe intoxication presented themselves, especially a marked erythema. There were, however, no albuminuria, arthopathies, cardiac or pulmonary symptoms. The whole infection was implanted on the throat, nasal fossæ, and larynx, and to a slight extent on the lymphatic glands. The mucous membrane became gangrenous and sloughed. The child died, and on post-mortem examination the viscera, to the eye, presented no abnormalities save a certain degree of congestion. On microscopical examination, the thyroid, hypophysis, and suprarenal glands were inflamed, and all showed signs of hypofunction. Hutinel believes that the absence of function of these glands caused great lowering of arterial pressure and general asthenia, and paved the way for the appearance of the suppuration of the pharynx and larynx. He is strengthened in his opinion by the fact that Tixier and Troisier found on post-mortem examination, in a case of malignant scarlet fever, that the suprarenals were destroyed and the pancreas seriously affected. Basing his opinion on these facts, Hutinel considers that the treatment of individual cases should depend on the organ chiefly affected; if the liver is chiefly to blame, this organ should be treated; if the suprarenals, then adrenalin or extract of the whole gland should be administered, in addition to symptomatic treatment.

The same journal, quoting from the *Arch. of Ped.*, 1911, xxviii, reports that Vipond, in a preliminary note, states that he has discovered what he considers to be the organism—a bacillus—of scarlet fever, which has the following characteristics:—(1) The bacillus was obtained from seven cases of scarlet fever; (2) it will grow on all ordinary media, growth occurring in 3½ hours; (3) it is to be found in the lymph nodes; (4) inoculation into five monkeys and two rabbits produced typical scarlet fever; (5) the same bacillus has been recovered from the lymph nodes in each instance, and the typical growth has developed on the different media; (6) the bacillus is a long one, with rounded ends, staining variably with Gram, and occasionally showing a beaded structure; (7) some cultures show oscillatory motility; (8) the organism produces spores.—*British Journal of Nursing.*

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ORIGINAL SWEDISH (LING) SYSTEM OF MASSAGE

A thoroughly equipped gymnasium is used for general and special gymnastic work to correct deformities such as spinal curvature, torticollis, flatfoot, etc. A complete Medico-Mechanical Zander gymnasium contains a set of apparatus invented by Dr. Gustaf Zander, of Sweden. Pupils are instructed in the use of Prof. Von Leyden's apparatus for tabes dorsalis, as well as to give the system of Frenkel exercises for re-education of lost co-ordination.

ELECTRO-THERAPY

The electrical department is thoroughly equipped with galvanic, faradic batteries, coils for High Frequency, Sinusoidal currents, X-Ray work, Static Machines, Bachelet magnetic wave, etc.

HYDRO-THERAPY

Pupils are taught the use of Electric Light, Dry Hot Air Baths, Dr. Baruch's hydropathic table; we have all facilities for the administration of the various full and medicated baths, half baths, packs and other hydropathic procedures. Schott exercises are taught in connection with the Naubheim Bath. Nebulizers, Vibrators, Frazier-Lentz Baking Apparatus, local and general Blue Light Baths, Solar, Leucodescent Lamps, Bier's Hyperaemia and various other apparatus are thoroughly demonstrated and used in practical work on patients.

Theoretical and practical instruction. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Separate male and female classes. Diploma. Particulars and illustrated prospectus upon application.

Spring Class opens on May 15, 1912

Summer Class opens on July 9, 1912

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HOWARD A. SUTTON, M.D. } (Instructors Univ.
ELDRIDGE L. ELIASON, M.D. } of Pennsylvania.)

FRED D. WEIDMAN, M.D. (Demonstr. Woman's
College of Phila., Univ. of Penna.)

WM. ERWIN, M.D., (Hahnemann and Rush Med.
Coll.)

LOUIS H. A. VON COTZHAUSEN, Ph.G., M.D.
(Grad. Phila. College of Pharmacy, Med. Dept.
Univ. of Penna., Penna. Orthopædic Institute.)

MAX. J. WALTER (Univ. of Penna., Royal Univ.
Breslau, Germany, and Lecturer to St. Jos.
eph's, St. Mary's, Mount Sinai and W. Phila.
Hospital for Women, Cooper Hospital, etc.)
Philadelphia General Hospital (Blockley).

HELENE BONSDORFF (Gymnastic Institute, Stock-
holm, Sweden.)

LILLIE H. MARSHALL } (Pennsylvania Orthopædic
EDITH W. KNIGHT } Institute.)

MARGARET A. ZABEL (German Hospital, Phila-
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MUSCULAR SORENESS

THE NECESSITY OF PERSONAL DAINTINESS.

Personal daintiness in a trained nurse is a quality which always commends her. It is the outward sign of inward refinement, and, to a helpless patient, himself fastidious, it is a token that the small things which make for his personal comfort will not be overlooked.

To take only one instance: the daily care of patients' nails, ignored by some nurses, attended to so punctiliously by others, may make all the difference to his comfort, and, in regard to the hands of the nurse herself, it is very repugnant to many patients to be attended to by anyone whose hands are carelessly kept.

In these days we know also that any slight deviation from rigid personal cleanliness in a nurse may be a real danger to her patient, and that her spotless uniform should be the outward and visible sign of a scrupulous personal cleanliness in every detail. This is understood by all well-trained nurses, but there is one point which they may not always appreciate, and that is the danger of decaying teeth.

Many surgeons nowadays insist upon attention to a patient's teeth before performing a serious abdominal operation, because they fear the absorption of septic poison in the intestinal tract. In the same way nurses should be exceedingly careful to have all unsound teeth stopped or removed, as it is quite possible for them to be prejudicial to the progress of a surgical case if they do not observe this rule.

We recently heard of a surgeon in a large London hospital who was not satisfied with the recovery of his cases after operation. None of them recovered quite as well as he could desire, and stitch abscesses were not unknown. He thought of all possible causes, he enjoined greater care upon the nurses, and still the results in his wards did not please him. At length, being a liberal and fair-minded man, it occurred to him to wonder whether he himself was responsible for the failure, and eventually came to the conclusion that the trouble arose from some defective teeth in his own mouth. He thereupon put himself in a dentist's hands and had his teeth overhauled and defective ones stopped or extracted. The result was extremely satisfactory, for since then the healing of surgical cases in his care, by first intention, has been the rule, and his results all that could be desired.

The lesson to nurses is plain; no source of possible contamination in themselves should be overlooked. Decaying teeth and suppurating gums, the presence of ulcers on the legs or elsewhere, contra-indicate the care of a surgical or midwifery case, until these matters have been attended to and rectified.

It follows also that no detail of the nurse's personal toilet is too trivial to be overlooked: hair, teeth, nails, all should be attended to with a minuteness which places them, like *Cesar's wife*, above suspicion. So we return to our original proposition with added force. Personal daintiness is a necessary quality in a trained nurse, not only because it is an index of her personal refinement but because without it she is a source of danger to her patient.

Cases are on record in which sepsis in a lying-in woman has been directly

"in the treatment of muscular cramps, hot applications according to S. Solis Cohen, lessens the excitability and energy of the voluntary muscles and relieves the excruciating pains accompanying these attacks.

In neuralgias as shown by Du Bois Raymond, where there is compression of the nerve trunk by the over filling of blood vessels in contiguous areas, hot applications relieve the congestion and pain by diversion of the blood to other parts.

In the use of hot moist heat as a therapeutic agent in the treatment of muscular spasms and neuralgias, antiphlogistine seems to be particularly indicated. It relieves muscular tension, stimulates capillary and arterial circulation, thus removing the congestion and its accompanying pain.

Antiphlogistine is the most convenient, sanitary and satisfactory method of applying hot moist heat. It retains its thermic value for hours, a feature of recognized importance in the treatment of inflammatory and congestive condition."

traced to some sore, or septic condition on the part of the midwife in attendance. And, with our present day knowledge, it is reprehensible of any nurse or midwife to subject a patient to the risk of infection.—*The British Journal of Nursing*.

MILITIA ORDERS.

Headquarters, Ottawa, December 30th, 1911.

COURSE OF INSTRUCTION FOR NURSING SISTERS.

A course of instruction in the duties laid down in the "Regulations for the Canadian Medical Service, 1910," for Nursing Sisters, will be held at the P. A. M. C. School of Instruction, Halifax, from May 1st to 31st, 1912.

The number of Nursing Sisters attending will be limited to four, except those residing in Halifax.

Applications will be submitted as soon as possible.

COLIN MACKENZIE,

Major-General, Chief of the General Staff.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received provisional appointments as Staff Nurses: Miss C. Sandbach, Miss M. Wood.

Transfers to Stations Abroad.

STAFF NURSES.

Miss M. C. Tawney, to Gibraltar, from Chatham.

Miss K. F. Fawcett, to Egypt, from Cosham.

Miss I. M. Johnston, to Egypt, from Chatham.

15th February, 1912.

The following ladies have received provisional appointments as Staff Nurses:—Miss M. V. Bonallo, Miss F. M. Jackson, Miss C. A. Stevens.

Transfers to Stations Abroad.

Miss M. R. Makepeace, to Malta, from Davenport.

STAFF NURSES.

SISTERS.

Miss W. E. Eardley, to South Africa, from London.

Miss C. E. A. Harries, to South Africa, from Colchester.

Miss A. P. Wilson, to South Africa, from Dublin.

Miss M. H. Smyth, to South Africa, from Netley.

E. W. BECHER,

Matron-in-Chief, Q.A.I.M.N.S.



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are essential to health. This is especially the case in hospitals, sanitariums, colleges, and similar institutions.

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Standard Floor Dressing also preserves the floors and keeps them from splintering and warping. It reduces the labor and cost of cleaning, and thus pays for itself many times over.

Write for free booklet on dust dangers and how to avoid them, with testimonials from school teachers, superintendents of buildings, and many things.

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NURSING IN CHINA.

Miss Alice Clark, who is now working in the Shanghai Women's Hospital, writes that three years' training for Chinese girls in the "European manner" has been in vogue in many of the hospitals for some years now. She says: "One of the girls from this hospital is employed by the municipal council as nurse in their Chinese isolation hospital, and in Hong Kong they have trained maternity nurses who go to nurse lying-in patients in their own homes." At the Shanghai Women's Hospital a four years' training is given, including midwifery and dispensing, and the nurses are trained as anaesthetists, work which they undertake with diligence and conscientiousness. Since it was founded five years ago, two of the nurses have married, one gained an outside hospital appointment, another having finished her training stayed on to learn housekeeping and yet another is waiting till September, when she hopes to go to the Chinese School of Medicine for Women. Miss Walker is a very great admirer of Dr. Yamei Kin, but she wishes to champion the cause of the many Chinese women who have spent several years in training as nurses in the "European manner."—*The Nursing Times*.

BIRTHS.

HOPKINS—At Holt, on Sunday, January 21st, 1912, to Mr. and Mrs. John A. Hopkins, a son.

Mrs. Hopkins (nee Foster) is a graduate of Toronto General Hospital.

ROSS—On February 9, 1912, to Mr. and Mrs. Oliver Ross, 31 Marmaduke street, Toronto, a son.

Mrs. Ross (née Benner) is a graduate of Toronto Western Hospital.

MARRIAGES.

McLAREN—ROBINSON—At Blessington, Ont., December 27th, by Rev. Mr. Kemp. Mr. Ross McLaren to Sabra Maud Robinson.

Mrs. McLaren is a graduate of Lowell Hospital, Lowell, Mass., class '08.

JOHNSTON—WARREN—On Wednesday, November 8th, 1911, at the Methodist Church, Banff, Alta., Miss Lillian Weir Warren, of St. Thomas, Ont., to Dr. J. P. Johnston, B.S.A., of Edmonton, Alta.

Mrs. Johnston is a graduate of the Amasa Wood Hospital, St. Thomas, class '08, and was on the staff of the Victorian Order of Nurses in Halifax, N. S.

MOORE—READE—At Campbellville, Ont., at the home of the bride, on February 7th, Miss Mary Reade, graduate Toronto General Hospital, to Mr. Allan Moore, of Calgary, Alta.

Mr. and Mrs. Moore will reside in Calgary.

DEATHS.

MUIR—At Lyndhurst Hospital, Toronto, on January 16th, Agnes Muir, graduate of Toronto General Hospital, class '94.

GRAY—On December 3, 1911, at Deer Lodge, Montana, Mrs. T. J. Gray (née Parkinson), a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Class '05.

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"Horlick's" being a complete, self-contained food product, composed of pure, rich milk and an extract of malted grains, is so well proportioned as regards the ratio of protien to carbohydrate, and is, withal, so nourishing, readily assimilated and palatable, that its scope of usefulness covers the entire period of life from infancy to old age.

Prescribed by the Profession for the past quarter of a century, with highly beneficial results in the treatment of Typhoid and other low Fevers, Pulmonary troubles, Wasting Diseases, and for conditions in which an efficient, reliable diet is indicated.

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WILSON'S INVALIDS' PORT

(à la Quina du Pérou)

A Big, Bracing Tonic

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Anatomy and Physiology for Nurses

has been **nearly doubled** during four months advertising in this magazine. Do you use it in your classes? If not, let us send you a copy for examination. Special price quoted if six or more copies are ordered.

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TORONTO, ONTARIO

THE NURSES' LIBRARY.

Health and Medical Inspection of School Children. By Walter S. Cornell, M.D.
\$3.00. Philadelphia: F. A. Davis Co.

This excellent textbook, which has been expected from the press for some months, and has been awaited with unusual interest, is probably, to the School Nurse in Canada, the most valuable book available at present on the subject of her work. Not that there is a great deal directly written on the work of the School Nurse separately, but the whole subject is regarded by the writer from such a point of view, and the amount of work that he has given to elucidating every important aspect of it is so great and well placed, that the result is an exceedingly instructive and interesting book. The reader is impressed at once with the wealth of material, and the care that the writer has taken to render his presentation of the subject helpful in everyday school medical inspection work.

The book is divided into three parts: 1. Medical Inspection. 2. Hygiene. 3. Defects and Diseases. About 80 pages are given to a clear and useful account of mentally defective children, special classes for them, etc. This book is indispensable to anyone who wishes to keep pace with the work of medical inspection of schools. There are 200 good illustrations.

The Nurses' Materia Medica. By Herbert French, M.A., M.D. (Oxon.), F.R.C.P. (London), Assistant Physician to Guy's Hospital, Examiner of Nurses at Camberwell, Greenwich, Hampstead and Woolwich Infirmaries, etc. Price, 2s. 6d. net. The Scientific Press, Limited, 28, 29 Southampton street, Strand, London, W.C., England.

The author has here given in book form a series of articles on this subject which appeared in *The Nursing Mirror*. The work is up to date (1911), and deals very clearly and fully with this subject as studied by nurses.

Dietetics for Nurses. By Julius Friedenwald, M.D., Professor of Gastroenterology in the College of Physicians and Surgeons, Baltimore, and John Ruhräh, M.D., Professor of Diseases of Children in the College of Physicians, Baltimore. Second edition. Revised and enlarged. W. B. Saunders Company, 925 Walnut Street, Philadelphia.

This volume, dedicated to Miss Nutting, is designed for use as a textbook in the training school as well as a handbook for nurses. It gives the essentials of dietetics and reviews briefly the physiology of digestion. A chapter has been added on simple methods for detection of certain food adulterations and preservatives. "Cuts of Meat" contains much useful information. Nurses will find this a valuable handbook.

Gynæcological Nursing. By Arthur E. Giles, M.D., B.Sc., F.R.C.S., M.R.C.P., Surgeon to the Chelsea Hospital for Women, Gynæcologist to the Prince of Wales' General Hospital, Tottenham. 41 illustrations. Price, 3s. 6d. net. Baillière, Tindall and Cox, 8 Henrietta street, Covent Garden, London, England.

Dr. Giles has written this book for the nurse, with the object of giving sufficient information about the organs concerned, and their diseases, to make her work intelligible and interesting. In the introduction the author describes the

Woman's World and Work



grow larger with her increasing freedom from household drudgery. Food sense and food knowledge have opened up larger opportunities for intelligent home-management. When cooks fail and servants fail and other duties are pressing hard there is

Shredded Wheat Biscuit

with which it is so easy to prepare in a few moments a delicious, nourishing meal without any knowledge of cookery or any housekeeping experience.

Shredded Wheat is ready-cooked and ready-to-serve. Simply heat the Biscuit in the oven for a few moments to restore crispness; then pour over it hot milk and salt or sweeten to suit the taste. It is delicious and wholesome when served with canned pears or other canned or preserved fruits.

TRISCUIT is the Shredded Wheat Wafer—all the meat of the golden wheat steam-cooked, shredded, compressed into a wafer and baked. It is eaten as a toast with butter, soft cheese or marmalades.

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Ideal Nurse, and in his book he seeks to enable her to do her work in a thoroughly competent manner.

The Principles and Practice of Bandaging. By Gwilym G. Davis, M.D., Universities of Pennsylvania and Gottingen; Member of the Royal College of Surgeons, England; Professor of Orthopedic Surgery, University of Pennsylvania, etc. Third edition. Revised. Illustrated from original drawings by the author. P. Blakiston's Son and Company, 1012 Walnut street, Philadelphia.

The proper and careful application of a bandage means so much to the comfort of a patient. "The right way is the best way." The different bandages and principles of bandaging are simply and clearly explained by Dr. Davis. While his carefully prepared and detailed illustrations of every step leave the student in no doubt as to the proper procedure. Every nurse aims to be an adept in this art and will find the clear, definite instructions in this work just what she wants.

A Handbook of Obstetric Nursing for Nurses, Students and Mothers, comprising the course of instruction in obstetric nursing given to the pupils of the Training School for Nurses connected with the Woman's Hospital of Philadelphia. By Anna M. Fullerton, M.D., formerly Obstetrician Gynaecologist and Surgeon to the Woman's Hospital, Philadelphia; Physician-in-Charge and Superintendent of its Nurse School; Clinical Professor of Gynaecology in the Woman's Medical College of Pennsylvania; late Lecturer on Surgery and Operative Midwifery in the North India School of Medicine for Women. Seventh edition. Revised. Illustrated. Price, \$1.00 net. P. Blakiston's Son and Company, 1012 Walnut street, Philadelphia.

In this edition a new chapter has been added on "The Examination During Pregnancy" and one on "Obstetric Operations." Other additions will be found under eclampsia, ophthalmia, neonatœum, and the care of premature infants. In the chapter on "Care of the Newborn Infant" the modified milk formulæ used in the Woman's Hospital are given, and the directions for dressing the umbilical cord have been changed to conform to present usage. A complete and useful handbook for nurses.

Diseases of Children for Nurses. Including Infant Feeding, Therapeutic Measures Employed in Childhood, Treatment for Emergencies, Prophylaxis, Hygiene and Nursing. By Robert S. McCombs, M.D., Assistant Physician to the Dispensary and Instructor of Nurses at the Children's Hospital of Philadelphia. Second edition. Revised. Octavo of 470 pages. Illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$2.00 net. Canadian agents: The J. F. Hartz Co., Limited, Toronto.

This book, the outcome of the author's lectures to the nurses of the Children's Hospital, Philadelphia, embodies the methods employed in that hospital. It is designed to be a thoroughly satisfactory guide to the nurse in her management of sick children. The points on nursing were contributed by Miss Jennie A. Manly, head nurse of the hospital, also the recipes for infant feeding. Nurses specializing in this branch of nursing will find this work invaluable.



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*Let me tell you
about Benger's Food
for Invalids*

In times of sickness and ill-health, the natural digestive organs are nearly always deranged, consequently the digestive functions become entirely inadequate.

Failure to digest any food taken into the stomach means failure to supply nourishment when it is most required.

On the other hand, if the digestive system can do any work, it should be given work to the extent of its power, then as strength increases, the digestive organs regain their activity.

The great advantage of Benger's Food is that it can be prepared to give either a carefully regulated exercise of digestion, or almost complete rest, according to the condition of the patient.

Benger's prepared with milk is a complete Food in the form of a dainty and delicious cream, rich in all the elements necessary to sustain life. It is well known to medical men and is approved by them. There is no real substitute for it.

Every lady having the care of an invalid, will learn much that is valuable to know in the new Booklet, just published by the proprietors of Benger's Food: among other things, it contains a variety of dainty invalid recipes, prepared to relieve the monotony of milk diet, which becomes very irksome to invalids. A copy will be sent post free on application to

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THE ALEXANDRA HOSPITAL For Infectious Diseases MONTREAL CANADA

The position of Lady Superintendent will be vacant on May 1st, 1912, and applications, with credentials, may be sent to the undersigned, who will furnish any details with regard to the appointment.

E. A. BARTON, Secretary

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and Equipment, Bureau of Health, Philippine
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Information, advice and consultation on subjects
pertaining to hospital planning, equipment organization and management.

PUBLISHER'S PAGE.

Nurses who steadfastly persevere in their training, spurred with the knowledge that great things are only achieved by diligence, endurance and sacrifice; who gain practice, absorb theory and attain knowledge, resourcefulness and self-reliance are amply repaid by their worth and service in saving human life.

The first success on any case is a nurse's good cheer, confidence, and gaining the patient's confidence by showing skill and proficiency in her profession.

By this unremitting vigilance the ravages of disease are overcome and the patient gradually regains strength and the nurse's ambition for success is realized.

Great disappointment often occurs, however, by the nurse being withdrawn before the normal strength of the patient has been fully restored and the thought that her best work, her greatest ambition may be thwarted, but when this emergency arises the resourceful and practical nurse remembers the reconstructive properties of cod liver oil; knows the concentrated nourishing qualities of SCOTT'S EMULSION, that it is the quintessence of purity, contains no alcohol, creates vigor and energy, stimulates the appetite, makes blood and bone better than anything else, and to consummate her good work insists that her patient take it regularly until health and vigor are properly restored.

The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green street, Philadelphia, Pa., announces the opening of the second section of the winter classes on March 12th, 1912. Thorough practical and theoretical instruction is offered to the nursing profession. A large staff of able instructors, many connected with leading medical colleges, an elaborate equipment and excellent clinical facilities guarantee the student a thorough and practical training which will enable him to enter this lucrative field of work immediately upon graduation. We place graduates in well-paying positions, as we are constantly in contact with institutions all over the country. If you are interested in Physiological Therapeutics, write for particulars and illustrated prospectus.

PROOF THAT CANADIAN NURSES STUDY.

The proof that Canadian nurses are really serious in the desire for the widest possible knowledge of their profession has been furnished by the experience of The Macmillan Company of Canada. This firm started to advertise in this paper "Anatomy and Physiology for Nurses," by Diana Clifford Kimber, one of the most authoritative works published, and the response has been so great that the sales of the book have been nearly doubled.

The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. VIII.

TORONTO, MAY, 1912

No. 5

HOSPITAL EQUIPMENT.

By M. E. McCalmont, Hospital Specialist and Consultant.

It is becoming more clearly understood daily that the question of hospital equipment is also a question of hospital economy. That to have simple but adequate equipment means less labor, less confusion and less waste. To have a standardized equipment means a considerable saving in the initial and subsequent cost.

An old hospital with antiquated furniture and a limited income generally regards the problem as hopeless, a state of affairs to be endured and continued, with the hope that some day some well-disposed person with plenty of money will come along and be moved to a degree of pity that will result in throwing all the undesirable, unsanitary stuff into the trash heap and buying a complete new outfit according to the modern standard.

There is really very little use in waiting for such a fairy tale to come true, though such cases may have been known to happen. There is a plan that is much more feasible for any hospital finding itself in such straits.

An institution recently came to the notice of the writer, where the wards were filled with old style beds, rickety screens, wooden chairs (stained and with half the varnish off), wooden chiffoniers in the wards in lieu of aseptic supply closets, etc., etc. Their hospital was doing a tremendously big work, and all funds obtainable were necessary for the actual maintenance and running expenses. Various ladies' auxiliaries were undertaking the furnishing of furniture and supplies. When a chiffonier became broken down and unusable, a new one just like it was secured; if the chairs became too disreputable, a dozen or two new ones just like the old were donated. One day there might come a gift of several dozen tray cloths all too small for the trays; towels were as various in style and quantity as the temperaments and tastes of the various donors. The result was a most undesirable hodge-podge. And this is doubtless the experience of a great percentage of the hospitals in this or any other country.

How is it to be corrected? Why, so simply that we can only wonder it has not been done before.

A committee is formed representing the various organizations expected to furnish such equipment, including without fail the Superintendent and Superintendent of Nurses. They jointly consult the catalogues of the most reliable firms making hospital furniture, or consult with some person making a business of such matters, and decide what is the most satisfactory type of bed for their needs, the most attractive style of ward chair, the most desirable medicine cabinet

and supply closet, the most suitable bedside table, etc. This is done with all articles of hospital furniture, the doctors being consulted on such articles as they are directly interested in. The designs are cut from the various catalogues and pasted into one which is to be kept on file in the Superintendent's office and known as the future standard of furniture for the hospital. Quotations should be secured from several reliable houses. It will be found that quotations from

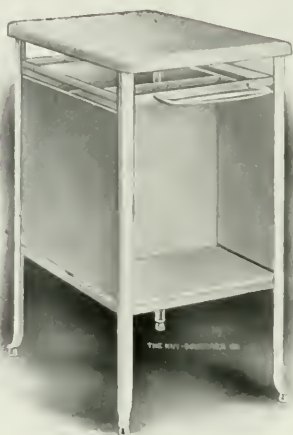


Fig. I



Fig. II.

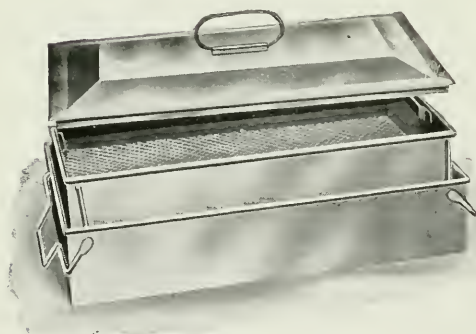


Fig. VI

each house can be obtained on all articles even though not selected from their particular catalogue. The prices and details of construction should be carefully studied. Too low a price generally means inferior workmanship, and the lowest price is sometimes the poorest of recommendations. Information should be sought as to the processes of manufacture. The question of seams, baking of enamel, making of joints, etc., is all most interesting, and figures largely in the general durability and ultimate economy of hospital furniture. There is a great deal of cheap furniture on the market at present; and Superintendents, if they are wise, will look into the subject and insist upon quality regardless of price, for here, as everywhere, the best is the cheapest.

All future purchases should then be made according to the selected styles. Any person desirous of furnishing a ward, or part of a ward, should be referred to the Superintendent's special catalogue, which would give prices and necessary data showing why this article was selected in preference to any other pattern.

If all equipment was purchased or donated accordingly, it would only be a few years before the hospital would find itself furnished with uniform and modern equipment.

Generally there are several organizations of ladies who make it their duty to supply the hospital linen. With so many individual donations it might seem impossible to ever obtain uniformity, desirable though it may be. Here, co-operation is the only solution. One representative from each organization should be selected to act on a joint committee. A consultation is held with the Superintendent and Superintendent of Nurses, the hospital needs discussed and a standard set for all future supplies. An estimate is made based upon the hospital records of how many of each article are purchased or donated during the year. By negotiating with a linen firm, making an initial purchase and with a guarantee of approximately so much each year, many of the big manufacturers will be found willing to have special linen made for the hospital, of standard sizes, stock pattern, and with the hospital name woven in. Any one then desiring to donate a few dozen napkins or towels to the hospital can purchase what they please from this stock and will have the happy consciousness of knowing that it is absolutely the right thing for the hospital. If a Superintendent would keep a list posted in the hall or office showing the articles the hospital was most greatly in need of, there is small doubt but what he would find the hospital better equipped than at any previous time in its history.

Strides have been taken within recent years in the perfection of hospital equipment, and yet it is remarkable to find in looking over the pages of one of

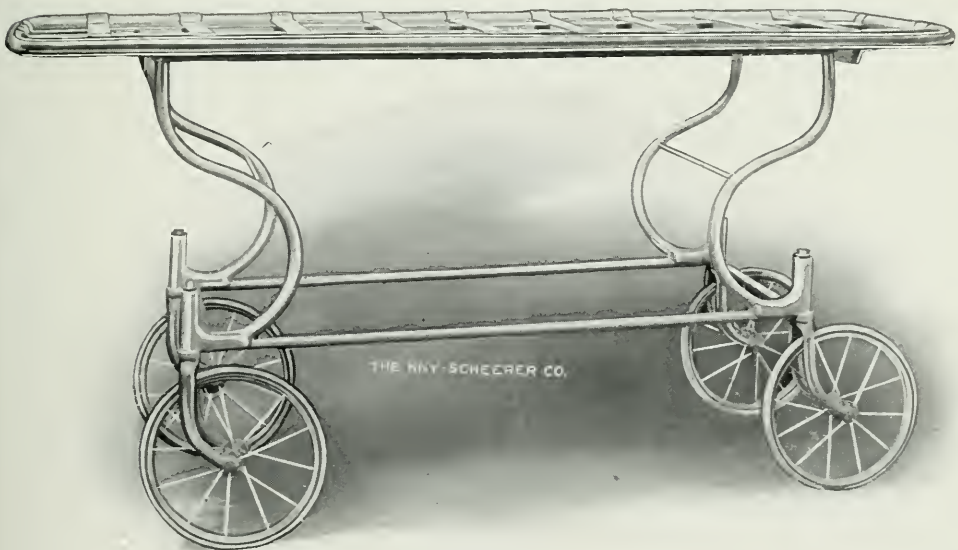


Fig. IV

the first catalogues of hospital equipment ever issued that many of the designs originally put on the market are still being sold, unmodified and unimproved. Operating tables are a notable exception. Here we find patterns without number, and wise is the Superintendent who refuses to assume any responsibility for the choice of this article of hospital equipment.

Only recently have bedside tables been obtainable with a towel rack in the

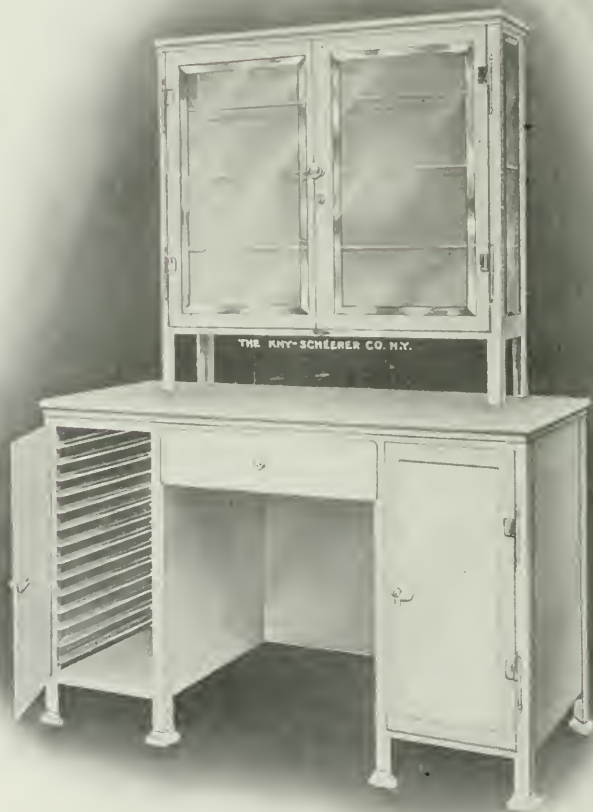


Fig. III

rear, yet how many head nurses have been driven to distraction by having towels and wet wash cloths stowed away beneath the mattresses.

Fig. 1 shows a sensible table adapted for the use of two patients. A division down the middle gives each one his own undisturbed section, with a towel bar apiece. In a hospital with limited means or limited floor space, this table will be found very economical and satisfactory.

Fig. II shows a comparatively new idea in medicine closets. A special compartment on the side is designed for poison. To this section the head nurse only has the key. This is a safeguard against the many ghastly accidents of

which we so often hear. The Post-Graduate Hospital of New York City has recently installed this style of cabinet.

Fig. III shows a practical combination of nurse's desk, chart receptacle and medicine closet. In many old hospitals where proper provision has not been made for a nurse's chart room, this combination piece of furniture will be found most convenient, especially as regards the disposition of charts.

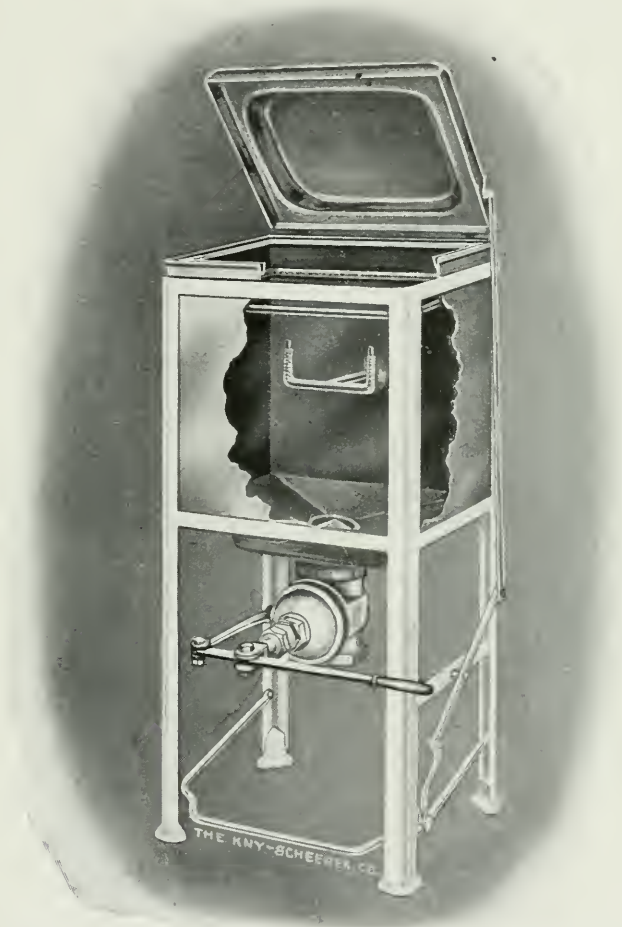


Fig. V

Fig. IV is a very serviceable and desirable form of stretcher. The removable top, which may be used as a litter at any time, has a rubber cushion tire encircling it. The knocking and marring of walls, corners and beds makes many a new hospital unsightly in a short time. This tire is designed to prevent such marring.

Fig. V shows a good model of bed pan and fecal sterilizer for typhoid cases. It sterilizes the contents of the pan in the steam chamber underneath the ster-

ilizing chamber, as well as thoroughly washing and sterilizing the pan. It is adaptable for the washing and sterilization of urinals as well.

Fig. VI shows a small instrument sterilizer with a clever arrangement by which the tray automatically comes out of the water by pressing the handles down to the side of the sterilizer. It is held there stationary and the awkward handling of the tray by means of hooks has become a thing of the past.

Fig. VII illustrates a carrier for an oxygen tank. The clumsy and noisy pulling, hauling or rolling of an oxygen tank into an operating room or ward is an inexcusable procedure when a carrier of this type can be obtained.

Lack of space makes the further illustration of some of the newest articles of hospital equipment impossible. It would be well, however, to mention the approaching popularity of the ward bed with four uprights and curtains on all sides, which can be drawn at any time to screen the patient. Until tried, it is impossible to realize how much labor in the pulling and adjustment of screens is saved by such beds. Screens are a constant expense and an unmitigated nuisance. Very few patterns that are at all desirable are on the market, and the back-breaking business of constantly enclosing beds with them is an unwarranted expenditure of time and effort. Until we realize the importance of treatment rooms in conjunction with each ward, these beds are the next best thing.

As all the inconveniences and hardships of inadequate equipment fall upon the shoulders of the busy nurse, no one can know as well as she what is right and what is wrong. If things are inconvenient let her put her thought on how to make it less so.

Often times nurses have very practical ideas regarding improvement and modifications of hospital furniture and equipment. If they would be public spirited enough to put their ideas before hospital manufacturers we would soon have a greatly perfected and more nearly standardized line of modern hospital furniture.

When a standard is obtained, prices will decrease from 20 to 30 per cent. It is indeed not only a question of efficiency but a question of economy.

62 Pierrepont Street, Brooklyn, N. Y.

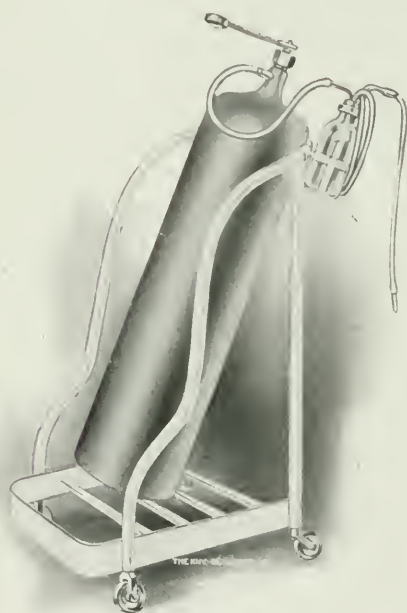


Fig. VII

EQUIPMENT OF A LARGE HOSPITAL.

The new Toronto General Hospital will be one of the most-complete in equipment in America, and while it will not adopt many of the fads which are so striking a feature in some institutions, will yet possess everything that is regarded as of necessity. In the surgical wing a complete operating suite will be provided on each floor, in fact the hospital will have no less than twelve operating rooms in different portions of the building. These rooms are comparatively small, it being thought not advisable to have too many students present at an operation.

All of the hospital proper will have its floor covered with a specially made battleship's linoleum laid in cement. This floor covering is of a pleasing and artistic shade of red, which will give the large wards an air of comfort so frequently lacking in hospitals. The combinations of white, green and brown so common in wards are not always productive of a feeling of comfort to the eye or an appeal to the aesthetic sense. The walls are to be covered with Paripan in delicate shades which will be permanent. This enamel, which may be finished either in dull or glossy surface, has been commonly employed of late in the most modern of the British hospitals.

All beds are to be supplied with four-inch rubber-tired wheels so that they may be moved easily and silently without damage to the floors. This arrangement will also make the question of taking the patients to the extensive roof wards a simple one.

The "nurse call" equipment is very complete and embodies the most recent developments of the silent call system. If a patient desires to call a nurse, he simply presses a button, upon which three tungsten lamps, showing the number of his bed, flash at different places, at one of which the nurse is to be found. These lamps continue to burn until the nurse responds to the call.

Generally speaking, the indirect method of lighting a ward is to be employed, although over each bed is placed a white enamelled bracket, which has not only a lamp for general purposes but also an extra socket to which may be attached a portable lamp if required.

The bedside tables are of white enamelled steel with porcelain tops. Each contains an open drawer seven inches in depth.

The extensive telephone equipment is to be managed by silent electric light signals.

The main sterilizing plant is in the basement, although each surgical unit will have a distinct sterilizing outfit.

Mattress sterilizing and fumigating plants are also in the basement as well as the refrigerating machinery, which will be located near the main stores. It will be of capacity to manufacture all of the ice required as well as doing the work of refrigerating various rooms.

The Hydro-therapeutic, X-ray and Electric Departments are in the basement and will contain all the apparatus demanded by modern methods of treatment.

All plumbing fixtures, such as wash bowls, sinks, etc., are made of vitreous ware, a substance much more durable and expensive than enamelled steel, as it

is absolutely impervious to acids and when it chips preserves the same texture all the way through.

The ventilation is admirably arranged by a series of forced exhaust draughts to meet every possible situation. The various electrical devices which control these are easily managed by the head nurse.

All garbage is to be destroyed in a large incinerator located in the power house. The question of large versus small incinerators was thoroughly debated and on the whole the evidence brought forward seemed to make the large incinerator a more promising and economical investment than a multitude of small ones.

The kitchen is to be most elaborately equipped. Floors and walls tiled. The kitchen is housed in an extension from the surgical wing and the carefully planned ventilation will make unpleasant odors from cooking impossible.

An extension from the Administration Building provides for a large lecture and demonstration room for students. A well-equipped lunch room will also meet the requirements of final year medical students, who will receive practically all of their training in the hospital.

In the basement of the medical wing will be found rooms for the isolation of erysipelas or cases of suspected contagious diseases.

The emergency hospital is a separate unit most thoroughly equipped for the needs of such a department. It is also arranged for the teaching of surgical expedients and technique by photographic and practical demonstrations. Two ambulances will be supplied to the emergency hospital by the same generous hand which has furnished everything in connection with it.

The equipment of the out-door building will be a revelation to those who have been accustomed to the unsatisfactory out-door hospital methods in Toronto. It will embrace all the features which characterize an up-to-date institution, it being recognized that this is in a sense the most important part of the institution.

The pathological building, already in use, is what it should be—a thoroughly equipped medical laboratory, where every energy is devoted to the working out of the multitude of problems that develop constantly in the hospital. In it the bulk of the pathological and clinical laboratory investigation will be done. The vaccine and immunity departments will also be located there as well as the autopsy room. The mortuary rooms have an extensive refrigerating plant in connection with them.

The private building will contain accommodation for a hundred and fifty patients. It will be possible, for those who wish it, to obtain rooms en suite, and the idea of getting away from the deadly sameness of shape, etc., has been carefully developed.

The Nurses' Home will accommodate nearly two hundred nurses and probationers, and is so arranged that each nurse will have a room to herself.

The dining-room is large and attractive and nothing that is likely to contribute to the comfort and efficiency of the nursing staff has been omitted. The furnishing of the rooms is to be simple but good. The dressers and tables are of special design, made to meet the requirements of hospital life.

The servants' building is one of the best of the group and should be attractive to a class that is generally hard to please.

The laundry, situated in the power house, contains everything modern in the way of equipment. All machines are run by individual motors, it being intended to operate nearly everything possible in the hospital by electricity. The power plant is designed to supply 1,850 h.p. and the battery of Babcock and Wilcox boilers is most imposing.

The electrical dynamos are located in the power house.

All heating is done from a central plant and all buildings are connected by covered corridors, so it is possible to make a complete circuit of the ten acres without going out of doors.

The obstetrical building will be unique in one sense, as it has one fresh air ward in which patients may be treated in the open air at all times of the year.

A very attractive feature of the new hospital will be the extensive roof wards, handsomely tiled with red Welsh quarry tiles and suitably shaded by awnings. It is estimated that, if desirable, some 120 beds may be placed there.

Drinking water, properly sterilized, will pass through coils in the brine tanks and will be voidable at specially constructed fountains.

Altogether the new General promises to be a most interesting and satisfactory building, where advanced work of the highest order both in medicine, surgery and nursing will be done.

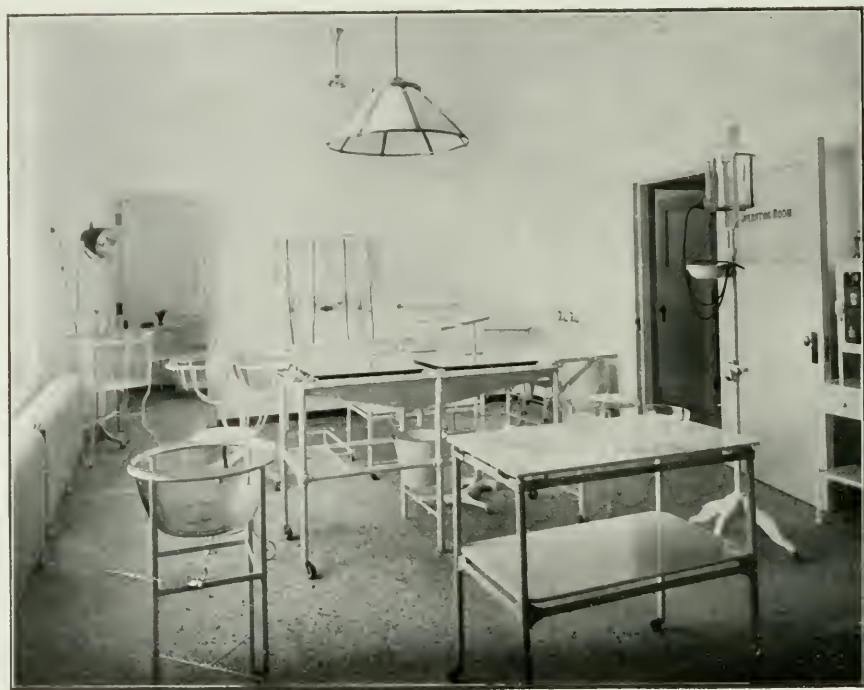
C. K. CLARKE, M.D.,

Medical Superintendent.

SMALL HOSPITAL EQUIPMENT.

A great mistake is often made by people in a small town or community who feel they should have a hospital and build one with very little regard for those who have to do the work in these buildings. No thought is given to where the nurses or servants are to be accommodated, and finally the attic and basement are allotted for their use. The wards are sometimes furnished by societies or private individuals, and contain, usually, all kinds of unsuitable furniture, which takes years to get rid of. If anything is said the donors become wrathful and remove their patronage from the hospital, and a friend lost is a serious matter in a small place. This can be overcome by the appointment of a committee, which will undertake the selecting of furnishings. The payment could be made by the donors who wish the ward called after themselves or are willing to endow the same. Some of the necessary equipment for running a small hospital successfully is a good heating system—the best that can be got is not too good; plenty of hot water, not a household boiler attached to a kitchen stove, but a tank containing five hundred gallons at least; a separate laundry where the noise, steam and heat will not permeate the whole building; a diet kitchen where the patients' trays can be properly attended to and the means by which the trays can be conveyed to the patients with the least noise and the food hot when it reaches the patient, if required to be so; an elevator for the use of patients large enough to admit a bed or stretcher; sun verandahs, which can be opened or closed, where the patients can be taken into the fresh air; some material in the main corridor and stairway which can be kept clean instead of the

unsightly matting and stair-pads which are never quite what we would like them to be no matter how much time is spent on cleaning; iron guards for the windows of the rooms of delirious patients; a good surgical department and sterilizing plant—a mechanic would never go to his work without his proper



Operating Room, Woodstock General Hospital

tools or use a chisel for a hammer, neither should a nurse be expected to boil instruments, water, etc., in the kitchen range.

If maternity cases are admitted a room should be arranged for bathing and looking after the infants, where everything can be kept together and thus avoid inconvenient work in the common bathroom.

These are some of the essentials for the equipment of a hospital of thirty-five to fifty beds. I am not alluding to the "Gilt-Edge" hospitals of our large cities or towns where hundreds of thousands of dollars are subscribed and the best knowledge in the world obtained on equipment but to the small, struggling hospitals which the people build, occupy and maintain themselves. It could be made a model of perfection if not a little but a great deal of thought was expended on the first principles of convenience for doing the best work. A hospital of this size requires twenty or twenty-five persons to form the staff—nursing, ward and kitchen service. A nurses' residence and comfortable servants' apartments are a necessity.

It has taken years to undo the blunders of our original building. The decorated woodwork and fancy banister of our main stairway will probably, like the poor, remain with us always. When I first saw it, I asked if the man who

built it was in prison; they told me "No." I thought he certainly should be there, and a life sentence at that.

Now, after several years' hard work, we have a good heating system; plenty of hot water; diet pantry; iron guards for the windows; steam laundry; good fire fighting apparatus, and plans are being arranged for a nurses' residence. We have an excellent, up-to-date surgical department, the gift of Mr. J. D. Patterson. This occupies the third floor of the new building and consists of seven rooms and elevator. These rooms are sterilizing and anaesthetic rooms, store room for sterilized supplies, surgeon's wash and dressing rooms, operating room and recovery ward. The sterilizing room has six sterilizers—one each for hot and cold sterile water, containing thirty gallons; one fifteen-pounds steam pressure sterilizer for dressings; a large sterilizer for basins, jugs, etc.; a smaller one for instruments, and gloves, sutures, etc. They are all nickel plated with the best fittings.

Our experience may have been the same as that of others who have boiled silk, silkworm gut, gloves, etc., in the same sterilizer as the instruments. The



Sterilizing Room, Woodstock General Hospital

soda in the water ruined these materials, so we were obliged to get another sterilizer.

The anaesthetic room contains everything necessary for an anaesthetic. The patient is here prepared for the operating room. As ether is the most generally used anaesthetic, every patient wears a pneumonia jacket made of two layers

of butter cloth with a layer of absorbent between, stitched together so that it can be washed and used again. A fresh night dress, pneumonia jacket, stockings and a sheet are sterilized and ready with the blankets in the warming closet for every patient. When the patient is under the anaesthetic we use the iodine preparation and he is then ready for the surgeon.

The surgeon's wash and dressing rooms are directly off the operating room, as far away as possible from where the patient is being anaesthetized. Doctors nearly always discuss cases and operations, which it is well for the patient not to hear, for when they are half under chloroform or ether they imagine everything that is said refers to themselves.

The operating room is large and well lighted, with a window half the width of the room to the north and another to the west, which affords the best light. The artificial light is from a large dome with sixteen 16-c.p. lights directly over the operating table and a cluster of three on each side of the room.

The heating is an individual hot water furnace, independent of the rest of the building, and any required temperature can be maintained. The tables and stands, also immersion bowls, are of the best metal and glass, and every device for convenience has been secured. The instruments are in a glass and metal case and are sufficient for any ordinary operation. Two faucets bring the sterile water from the tanks in the sterilizing room. The operating table is a New York pattern with several improvements. The floor is Tarrazo and the walls polished Keen's cement. Both walls and floor can be easily washed and disinfected. The store room for sterilized supplies contains all jugs, basins, dressings, gowns and all other supplies for use in the operating room. Everything is always ready for an emergency. The linen is all marked and is washed separately and returned immediately to the sterilizing room from the laundry.

The recovery ward is used for public ward patients who are very ill after operation or suffering from severe shock. They remain there till they are sufficiently recovered to be taken to the ward with other patients. It is also used for accidents or any emergency requiring surgical treatment.

The elevator is a great comfort to patients, nurses and doctors. Only those who have had experience in carrying patients up and down stairs on a stretcher realize what it is to have a good motor elevator.

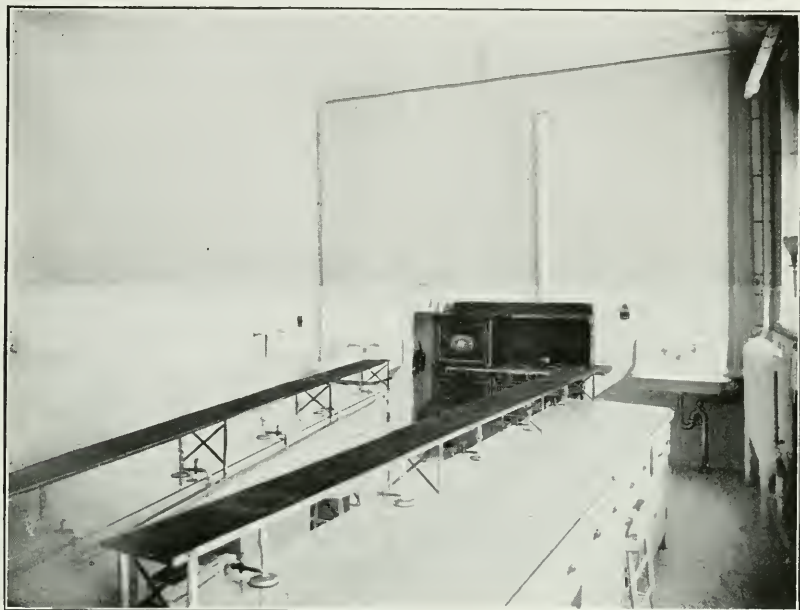
WOODSTOCK GENERAL HOSPITAL

THE DIET KITCHEN, HOSPITAL FOR SICK CHILDREN, TORONTO.

The first thing necessary for food and feeding in both health and disease is careful instruction in physiology, the nature of foods, the use of foods in the body, the preparation and cooking of foods, and last but not least, the proper serving of food.

What a difference it makes to the poor soul who is at the mercy of a nurse, if the nurse is a well-rounded woman, who realizes how much her patient's welfare depends upon proper feeding, and does not consider it beneath her dignity to take entire charge of the dietary of her patient.

The Hospital for Sick Children for twelve years has had a course in dietetics. For the first few years, not having proper equipment, the work had to be simple.



The Diet Kitchen, East End, H.S.C., Toronto



The Diet Kitchen, West End, H.S.C., Toronto

When Mr. John Ross Robertson built and presented the Nurses' Residence to the hospital, Miss Brent, Lady Superintendent, and Mr. Robertson decided to have a thoroughly up-to-date diet kitchen. The kitchen is rather small, but, in every other respect, is most complete. The room is twenty-five feet by fourteen feet, fitted up for the service of the dietitian and ten nurses. The nurses work at two tables, each twelve feet long. Gas stoves are not used, as they are cumbersome and antiquated. Instead, there is a copper grill, eight inches wide and twelve long. This grill stands eight inches on and above a table, at which the probationers work, and in the centre of the space allotted to each probationer



Diet Kitchen, Hospital for Sick Children, Toronto

is a circular gas jet, which answers exactly the same purpose and does the work much better than the ordinary burners of a gas stove. Of course, when baking is required, the gas stove is used.

Each probationer has a drawer and cupboard, which contains all necessary crockery and utensils. The granite-ware is white, with rim of pale blue, made especially for this kitchen. The tables are covered with plate glass, being thoroughly sanitary, and teaches the girl to keep her head and have herself thoroughly under control. The grill is for the hot sauce-pans, not the glass table.

The kitchen has its refrigerator, lined throughout with white opal glass and a floor of small tile. The compartments are fitted with woven-wire shelves, highly polished. The outside is also cased with white opal glass, making all parts, inside and outside, perfectly sanitary.

The room is floored with octagon tiles, the window sills are of marble. The provision cupboard is of wood, enamelled white, with plate glass table top. The care of the kitchen is entirely the work of the probationer.

The pupils, during the probationary course, receive a six weeks' training in the diet kitchen. Each girl prepares an individual quantity of whatever recipe is given her. This she and the other probationers are allowed to sample. In one morning's work, they learn ten different methods of preparing a certain food. At the end of six weeks' training they prepare a full diet dinner, being allowed an hour and a half to do this; also five feedings in different diets, namely, full

diet breakfast, diet for a child of two years in health, typhoid diet, liquid diet for child of four years, diabetic diet for adult, soft diet for adult, diet for rickets, diet for diabetic child. These diets vary from term to term. They are instructed in all lines of foods—from simple gruel to ice cream—in the making of dietaries. This completes the probationary course.

In the hospital diet kitchen the nurses put in practice what they have been taught in the training school, preparing all the morning and afternoon nourishment for the entire hospital, all special diets, private and semi-private trays, also preparing expense sheet for each week.

L. MACBETH.

METHODS OF MARKING LINEN FOR HOME AND INSTITUTION.

By LINETTE A. PARKER

Department of Nursing and Health.

There are in general use six different methods of marking linen and cotton goods, with pen and ink, with rubber or steel type and ink, with stencil and ink, the Bonnay embroidery stitch, the name woven into the goods by the manufacturer, and with tape or squares on which the name is written, stamped or woven.

The demand made upon any kind of marking is that it be neat, that it stand hot water, soap, alkalies, acids and the pressure of mangling, that it stand these for a long time and that its removal be as hard as possible for any dishonest employee. The materials to be marked in general are cotton cloth, various kinds of towelling, table linen and plain linen scarfs, spreads and blankets.

There are a few suggestions in regard to the marking which may be useful. The mark should be as attractive as possible, it should be placed systematically that it may be quickly found by laundresses and nurses, it should include the whole name, and many hospitals are including the date to determine the life of the material. The mark is best placed a little below the hem, not too near the edge, and some consider it a great saving of time in the laundry and wards to mark in two places, on each end in diagonally opposite corners.

In marking with pen and ink the different kinds of each must be considered. There are five standard indelible inks on the market and almost as many laundry inks as there are laundry supply houses. The manufacturers and prices are as follows:

Payson's Ink, A. L. Williston, Northampton, Mass., \$10 a lb., \$5.50 for 8 oz.

Applegate's Ink, Applegate Chemical Co., Ellis Avenue, Chicago, Ill., \$8 a lb., \$4.50 for 8 oz.

Stafford's Ink, S. S. Stafford, 609 Washington Street, New York, N. Y., \$4 a lb., \$2.50 for 8 oz.

Carter's Ink, the Carter Ink Co., Boston, Mass., 440 Pearl Street, \$3 a lb., \$2.25 for 8 oz.

David's Ink, Thaddens David's Co., 95 Van Dam Street, New York, N. Y., \$2.50 a lb., \$1.50 for 8 oz.

Hercules Marking Ink, a laundry ink, H. Kohnstamm & Co., Franklin Street, Chicago, Ill., 87 Park Place, New York, N. Y., \$4.50 a qt.

A heavy stencil ink, N. Stafford, 67 Fulton Street, New York, N. Y., \$3 a qt., \$1.80 a pt.

If inks are to be used, it is always best before marking to launder the goods to remove the starch, for this takes up the ink and prevents it penetrating into the fibres. This is especially true for towelling and table linen, and re-marking on these goods would not be required any more than on sheets if this precaution were taken. All inks should be allowed to set about fifteen minutes before applying any heat that they may sink well into the fibre before dried, and if possible the goods should not be laundered the same day. All inks claiming not to require heat are much more durable if heat is used.

Payson's and Applegate's inks are in most general use in hospitals, and the Hercules Marking Ink is especially recommended by one of New York's large commercial laundries. Laundry inks are all cheaper than the standard inks, and require no heat after application. Large hospitals use a cheap ink for marking of odd articles partly worn or not in permanent stock.

Steel and glass pens are used in marking, the marking pen size 00, for use on linen, obtained from laundry supply houses, has the points bent forward, giving a flat surface to rest on the linen, but this is not very efficient. Applegate Chemical Company furnishes a special pen, the points of which are rounded, and it is the best of the steel pens. The ordinary pointed and stub pen can be used, but with much difficulty. There are many varieties of glass pens, but one should be chosen with a fairly sharp point. Brigg's Crystal marking pen, supplied in a combination set with Payson's ink, is very good, and is far superior to any steel pen, especially on rough finished goods like huckaback. This method of marking with pen and ink is in use chiefly in smaller institutions. It does not have the institutional look of a stamp or stencil, each letter can be definitely controlled by the marker, and with a good ink it stands the test of many years. Experienced markers claim that the time required in this method is very little greater than others.

The rubber stamp is very little used. A pad for inking the stamp is very wasteful of ink, for indelible ink is very volatile and must be applied fresh at each time of marking. A brush can be used satisfactorily, but takes a great deal of time. A two-line stamp costs about 35 cents. The letters should be plain and fairly large. This method does not succeed well in getting the ink into the fibre, but has the advantage of all others in point of time.

Under this style of marking may be mentioned the marking machines used by many commercial laundries. The type is steel and inked by an automatically regulated device. They are run by hand, foot or motor power. The prices range from \$125 to over \$200. Some are very complicated and are very hard to keep in order. The Pearl Marking Machine, manufactured in Atlanta, Ga., is of simple construction and is supplied by the Troy Laundry Machine Company, Church Street, New York, at \$125. No machine has been built as yet which will stamp a word of more than twelve letters, or more than one line, but they are being perfected, and may in time be made practical for hospital use. They are considered great time savers by commercial laundries.

Marking with a stencil is a method considered by some the most practical. Its advantage is in point of time, and for this reason is considered by many the only practical method of marking in large institutions. Its disadvantages are that it is wasteful of ink, it is not possible to control the making of each letter to assure a uniform mark, it requires direct handling of the ink, and it is very institutional in its appearance. Considering these disadvantages and the time in adjusting the stencil when marking, and keeping all the utensils clean with turpentine, the superiority over pen marking does not seem so great. Some state that the mark lasts as long as the article, but it is a more general opinion that it does not. Good stencilling requires much practice in handling the plate and in regulating the amount of ink.

Stencils are hand or machine cut. The machine cut are flat sheets of metal with the name cut from the centre. This sheet is very flexible, and after use becomes warped and little sections of the letters break out. These are obtained in some places for 25 cents a piece, but in New York are two cents a letter under one-half inch in height. The hand-cut stencils are of a firmer metal, and this metal is fastened over a frame still longer in such a way that the centre from which the letters are cut is sunken below the edges. When pressing on the edges the central part sinks still deeper into the fabric. These seem more economical in the end because of the greater firmness, but the initial cost is five cents a letter under one inch.

The ink used may be thick or thin. One hospital uses Applegate's ink with great success, another uses a thick ink made for them and do a great deal of re-marking, another uses a stencil ink made by N. Stafford, which they say outlasts the goods.

The stencil letters should be plain and of fairly good size (about one-eighth inch). The ordinary stencil brush is a round brush with soft bristles about one inch long, and is too soft for marking fabrics, also takes up a great deal of ink. The best brush is one with soft bristles rather stiff, an old tooth brush answering the purpose very well.

A method of marking which is increasing in favor is the chain stitch, done usually in red. This work is called Bonnaz embroidery, and is done on special imported machines. Durrow and Hearne, 12 Wooster Street, New York, are sole agents for a German machine manufactured by Lintz and Eckardt, of Berlin. O. J. Ahlstrom, 711 Broadway, is sole agent of a French machine called the Conso-Brodeur Universel. The cost of both is \$75 for the machine and \$10 for the standard. The writing on this machine is free-hand without turning the goods in the machine. It is said to be easy to do, and is written as fast as writing on paper. The usual prices in the department stores for Bonnaz embroidery marking is 15 cents a dozen for towels, \$1 a dozen for blankets. Red, blue and white are the colors most used. The size and quality of thread used are very important considerations, a small, very firm thread of absolutely fast color being the best. A standard of prices for wholesale lots is given below, quoted by Bert Wynn, Walker Street, New York, whose sole business is to mark and hem goods. At these prices no goods will be sent for or delivered. The work of this shop, and especially the quality of thread used in marking, is well recommended.

Prices for marking:

Napkins and towels	10c. a dozen.
Table cloths, bath towels and scarfs.....	12c. "
Sheets and pillow cases	15c. "
Dimity spreads	18c. "
Marseilles spreads	36c. "
Blankets	60c. "

Where there are two lines embroidered, the cost is one-half more.

The strongest testimony for this kind of marking is that railroad companies, steamship companies and hotels use it extensively. It will ravel out, but those who use it make no complaint on that point. After long wearing the thread will break sometimes and leave blank a letter, but examination of articles so marked which are completely worn out shows that as a rule the stitch wears very well. Towel supply companies recommend it. When done in white it is very attractive, and is especially appropriate for bureau scarfs. The repair of this chain stitch would require hand work, unless one owned the machine. The pressure of the mangles is the chief cause of the wear of the thread, so in hand laundering the mark would probably outwear the goods. The Pennsylvania Railroad uses as a mark a monogram in solid embroidery, which is done on a similar machine and will not ravel out. This method of marking blankets is recommended highly by a few.

Another method used a great deal by hotels, railroads and many hospitals is having the desired name or design woven into the goods by the manufacturer. This would not be available for institutions under 100 beds, for the order has to be large. Names are woven into both huckaback and crash towels, table napkins and cloths, bath towels and spreads. It can also be done in blankets, but for them it is very expensive and not satisfactory because of uneven shrinkage when washed. The order for towels by the dozen is for 100 dozen or over; by the yard, at one importer's, for 5,000 yards, at another for 1,000 yards in a half linen huckaback; for napkins, 100 dozen; for cloths, 100; for bath towels, 50 dozen; for spreads (Marseilles), about 250. These limits might be varied according to the quality, i.e., some manufacturers will mark fifty dozen towels if very high-priced material, and if cheap material is ordered the amount may be 200 to 300 dozen. Usually no charge is made for the special weave, but for bath towels a charge is made of 50 cents a dozen. The design may be almost anything one chooses. The table linen may have simply the name in the centre, or a seal or special design with a monogram or name in it. In towels the name may be woven on a white, red or blue background. It may be as a border on each end or in a stripe through the middle. Some towel supply companies have a special towel woven having a certain number and arrangement of stripes with no name. A very large towel supply house uses a towel bought by the yard, having the name woven in white across the towel at intervals of eleven inches. This gives opportunity to vary the length of towels if desired. The Marseilles spreads have the design in the centre. Dimity spreads have not yet been woven with names, but there seems to be no reason why they could not be. Bath towels are marked in white on a white or red background.

Most of this special weaving is done on imported goods, and orders will be taken by the large department stores and by wholesale importers. It is advantageous to order by wholesale from the importers, for discounts can be made by them for institutions giving orders frequently. Both the stores and importers submit samples by their agents to prospective buyers. Well recommended importers are T. D. Whitney & Company, Temple Place, Boston, Mass.; E. E. Alley & Company, Church Street, New York; H. W. Baker, Franklin Street, New York. The filling of an order requires about five months.

This kind of marking is attractive, often very ornamental and business-like in appearance. The expense is less than other methods, for cost of marking utensils and of the marker's time is saved. It is being used more and more by hospitals.

The last method to be mentioned, and in use more or less in all hospitals, is that of sewing on marked or woven tapes or squares of cloth. These may be marked with pen, stencil or Bonnaz embroidery stitch. The tape, if used, should be three-quarter-inch linen tape. The woven and steel plate names on tape can be obtained through most dry goods stores or from the manufacturer, G. Reis & Brother, 640 Broadway, New York. The names in red, blue or white on white are \$2 a gross, the steel engraved name for \$1.75 for 200. If a second line is desired the cost is 50 cents extra. The American Silk Label Mfg. Co., 781 Broadway, furnishes cotton woven labels at following rates:

In lots of 1,000, \$5 a 1,000 on tape, \$4 a 1,000 on squares.

In lots of 5,000, \$3.50 a 1,000 on tape, \$3 a 1,000 on squares.

These are in red, blue or black, in any style, and allow a reasonable number of words. This method of marking is used for articles too loosely woven to take ink, as bath towels and blankets. It takes much time and can be easily removed.

It seems impossible to draw any conclusions as to any one method always desirable. Each institution must decide for itself according to circumstances. The use of all except the pen marking precludes the dating of the linen. The chain stitch and woven goods demand a central linen room or some special mark, perhaps in ink, to designate different departments, but even so, much time would be saved. One hospital has the name and the word "ward" woven across the centre of the towels, then stamp the different letters designating the wards in a blank space left after the word "ward."

A suggestion as an ideal would be to mark sheets and pillow cases with Applegate's ink and a glass pen; towels, spreads and table linen with name woven into the goods; bureau covers with Bonnaz embroidery in white or woven name in white on tape; blankets with woven names on squares in color to match the border.

As to protection from theft, a large towel supply company, which uses up in wear and loss \$1,000 worth of towels in two months, tried the stencil, chain stitch and all kinds of woven goods, and could figure no difference in loss from theft. The cheapest method for a small hospital is pen and ink, for a large hospital specially woven linen and pen and ink. These two are also the most durable and the most attractive and seem under all considerations the most satisfactory.—*Journal of Household Art.*

Editorial

STATE REGISTRATION OF NURSES.

That a step in advance along this line has been made in Canada will be welcome news to every graduate nurse. The Hospital Bill, which has just been passed by the Provincial Legislature of Ontario, contains a section which provides for the registration of nurses. A copy of the section appears on the G. N. A. O. page. The regulations are yet to be arranged, and these will be such, we hope, that every graduate nurse in the Province will be proud to have her name entered in the register.

That this measure is most opportune is evidenced by the fact that correspondence schools and so-called schools of nursing where women may become nurses in a few months and only devote a few hours a week to the acquirement of the necessary knowledge, are in our midst and doing much harm in diverting many, who might become probationers in accredited hospitals and eventually be good nurses, to this short cut to knowledge.

Registration makes it possible to differentiate between the properly qualified graduate nurse and the woman who has had only a partial training or none at all. This will protect the sick from imposition and safeguard the honor of the profession.

The nurses in every Province in the Dominion are working strenuously, unitedly, to secure registration. Success is bound to follow such whole-souled efforts and State registration will soon be established in every Province. It will not be difficult then to evolve a system of reciprocity, so that registration in one Province will qualify the nurse to practice anywhere in Canada.

SPECIAL NUMBER.

This "Hospital Equipment" number will, we trust, prove of interest to those of our readers who are particularly interested in hospital work. The articles on the large and small hospitals describe only two of the hospitals of our Dominion. Others equally interesting might be described. We will welcome any such descriptions at any time.

The article by Miss McCabmont, R.N., hospital specialist and consultant, gives much valuable general information, as well as some special points which she would, doubtless, be glad to talk over with you, as this is her special field.

Any articles of hospital equipment that have been invented by nurses are always interesting and we are glad to have some of these to present to our readers. Many other nurses have doubtless done work along this line of which we would be glad to learn. Helpful practical ideas passed on to other workers aid greatly in maintaining a high standard in hospital efficiency.

Send us, then, a description of your invention, with a good photograph of it, and do what you can to assist in making the hospital a perfectly equipped institution.

THE PASSING OF LORD LISTER.

"To every man upon this earth death cometh soon or late," and, therefore, Lister, who saved so many lives, has himself passed quietly through the gateway that separates us from the Great Beyond, and the arras has closed him forever from our view. It is a long, long way from Hippocrates, the father of medicine, to Lister, the father of modern surgery. To Lister the world is a heavy debtor, but he was a willing and a cheerful giver to humanity. He not only took science by the hand to lead her gently along, but he embraced her in his arms and bore her bodily away with him as the handmaid to surgery. Lister was one of the great gifts of the human race for the cause of humanity. Carlyle says that "a great man is like fire sent down from heaven. The rest of mankind waited for his coming, and then they, too, became aflame." The lamp of every modern surgeon has been lighted from his torch.

Lister was born in 1827, and died on 12th February, 1912, at the great age of nearly eighty-five. He held many important offices. He began his great career by becoming Prof. James Syme's house surgeon. Prof. William Sharpey, of London, introduced young Lister to Prof. Syme. This was in 1856. In 1860 he became professor of surgery in the University of Glasgow. On the death of Prof. Syme, in 1869, he became professor of surgery in Edinburgh. In 1877 he was called to the chair of surgery in King's College, London, to fill the place which had been held by Sir William Ferguson. In 1878 Queen Victoria made him her surgeon extraordinary, and in 1883 created him a baronet. In 1897 he was made a baron, and took the title of Lord Lister. King Edward made him sergeant-surgeon in ordinary. He was president of the Royal Society from 1895 to 1900. He was president of the British Association for the Advancement of Science in 1896, and then visited Toronto. He had honorary degrees conferred upon him by the Universities of Dublin, Glasgow, Edinburgh, Oxford, Cambridge, London, etc.

In character he was of a most unassuming nature. He came of Quaker stock, and lived all his life true to the simple customs of the Friends. Though simple in his habits, he was indefatigable in his work and his efforts in the cause of his loved profession. He was a voluminous contributor to the literature of scientific surgery.

Then and now, the surgery of 1856 and 1912 tells the story of Lister's life. His achievements are a gift to the world far exceeding in value all the gems and precious stones of the Orient. When Lister came on the scene it could be truly said:

Night wanes—the vapors round the mountains curl'd
Melt into morn, and light awakes the world.

A leading paper in Britain speaks of his work in these terms:

"His discoveries in the antiseptic treatment of wounds and disease have given not merely relief from suffering, but life to countless multitudes. To realize what Lord Lister has done it is only necessary to recall the fact that when he entered University College as a medical student, even the best-managed hospital was looked upon by the populace as little better than a slaughter-house. Although the introduction of anaesthetics had already done much to mitigate

the horrors of the surgeon's knife, the mortality from sepsis was so great that even trifling operations were rarely successful. Pestilence stalked unseen and unchecked through the surgical wards. No precaution prevailed against the tainted atmosphere, and new hospitals quickly became as pestiferous as the old, while diseases following upon operations often rose to the height of epidemics."

Lister is gone from amongst us, but his work and his influence remain. If he is no longer the companion, he has become the guide. Of him we can verily say in the words of Lowell:

Great truths are portions of the soul of man;
Great souls are portions of eternity.

—*The Canada Lancet.*

It is with deep regret we note the death on February 17th of Mrs. Jane Kildare Treacy, who for twenty-two years was the popular and beloved matron of the City of Dublin Nursing Institution, Dublin, Ireland. Our sincere sympathy goes out to the nurses of Ireland in their great and irreparable loss.

The Nursing Times speaks thus of Mrs. Treacy and her wonderful work:

Beside the sorrow of her own nurses, the loss is an irreparable one to both the Irish Matrons' and the Irish Nurses' Associations, of which Mrs. Kildare Treacy was such a brilliant member.

Keenly interested as she has always been in nursing matters, she never spared herself, nor left a stone unturned to render the profession service. She was one of the founders of the Irish Nurses' Association, in 1900, and was its president in 1907. She represented her society at the International Council of Nurses in Paris, giving her address in French. She was a warm supporter of State Registration for Nurses, and when an attempt was made to omit Irish nurses from the Bill, Mrs. Kildare Treacy exercised her influence to such an extent that Ireland was again included in the text. Personally she had great gifts, charm of manner, evidence of culture and of the widest reading, an impelling influence and a keen sense of humor. Like many who are small of stature, she was a giant in brain and intellect. She had a wonderful personality, which gained for her many friends, to whom she was much endeared. By her ability, energy and self-sacrifice, Mrs. Treacy has left the City of Dublin Nursing Institution in a stronger position of self-supporting independence than ever before in its long history. To her nurses she exercised sympathy, wisdom and tact, all the time gaining not only their respect but their deep affection. Her illness of only ten days was acute double pneumonia. Pinned at her bedside were the following lines:

"The work which we count it so hard to do
He makes it easy, for He works too;
The days that are long to live are His,
A bit of His bright eternities,
And close to our need His helping is."

(S. Coolidge.)

COLOGNE.

Delegates and visitors to the International Congress of Nurses are reminded that the Nursing Exhibit opens on August 3rd; the social ceremonies begin on the 4th, as Sunday is the day for social amenities abroad. The regular business programme begins on Monday, August 5th. Badges will be waiting for those who send their names early to Sister Agnes Karll, the President.

The Health Act Amendment Act of Queensland, Australia, embraces registration of nurses. The nurses of Queensland are to be congratulated, as they are the first to be granted legal status in Australia.

The Australian Nurses' Journal says:

"On the whole it may be said that, provided the Board elected is one conversant with the present day standard of nursing and has at heart the interests of the nurses, the Bill should be one with which the Queensland nurses may rest satisfied. As the Act leaves so much of the framing and carrying out of the regulations to the discretion of the Board, the constitution of this Board is of most vital importance to the success of the Act. If the two medical members nominated by the Medical Board be those familiar with the present standard of nursing, then these, with the two representatives of the nurses—one of whom should be general and one obstetric—and the medical practitioner of the mental hospital should form a thoroughly competent and reliable body to interpret and carry out the requirements of the Act.

"There is one important point raised by the Queensland Branch of the A. T. N. A., namely, that the Act does in no way distinguish between the training in the large metropolitan hospitals and that of the smaller hospitals. It is absurd to regard the training of a nurse in a hospital comprising twenty beds as equal to that of another nurse with a similar period of training in a hospital of, say, fifty or more beds. Either the Board will have to only recognize hospitals with, say, forty or more occupied beds, or nurses who are registered with a training of three years in the smaller hospitals will be placed at a disadvantage when they seek registration in the southern States. Examination may be said to eliminate this danger of registering an inefficiently trained nurse, but experience has proved that it is not always a certain check."

SIXTH ANNUAL MEETING.

A very cordial invitation is extended to all nurses to attend the sixth annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses, to be held in the Residence, City Hospital, Hamilton, May 23rd and 24th. An interesting and attractive programme has been arranged and a large gathering is anticipated.

The Thursday evening session, May 23rd, will be devoted entirely to the vital question of "Registration." Miss Mackenzie, Convener, Dominion "Registration" Committee, and others will speak.

Every nurse in Canada should be present at this particular session.

Programmes may be had on application to the Secretary.

Kate Madden, President; Louise C. Brent, Treasurer; Alice J. Scott, Secretary.

The Guild of



Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday 8 p.m.

Chaplain—Rev. F. G. Plummer.

Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.

Chaplain—The very Rev. the Dean of Quebec.

Superior—Mrs. Williams, The Close.

The February meeting of the Guild, held on the 25th, was poorly attended owing to a very heavy snowstorm. In the absence of the chaplain the office was read by Rev. H. McCausland, who gave a very interesting address.

The next meeting on March 25th was very well attended. As the chaplain could not be present the Superior read the office and a chapter on "Service" from "In Watchings Off" by Canon Holmes. Every nurse should possess a copy of these beautiful and helpful addresses.

We hope to have several new associates admitted at the next meeting. And one or two visitors expressed a wish to become honorary members. We would be glad if others would show their interest in this way. All information on the subject can be obtained from the Secretary, Miss Rogers, 39 Willcocks Street. It was decided by the members that after the annual fees were paid \$5 should be sent to the Heather Club for their work among tuberculous children.

"The Roadmaster" was written by Michael Fairless during an illness of two years ended by death. It is a pathetic and wonderful story and a most impressive example of a soul victorious over bodily infirmities, which might well be supposed to have made all clear and connected thinking impossible.

"Counsels to Nurses," published by Mowbray & Company, London, is a collection of addresses and messages to the Guild of St. Barnabas by the late Bishop of Lincoln, patron of the Guild for twenty-three years. It is strongly recommended to the nurses of the American Guild by Bishop Whitehead, their Chaplain General, and should prove helpful and interesting for Canadian nurses also.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Miss Mina Rodgers, General Hospital, Niagara Falls, Ont.; Second Vice-President, Mrs. W. S. Tilley, Toronto; Recording Secretary, Miss Ina F. Pringle, 164 Cottingham Street, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss L. L. Rogers, 908 Bathurst Street, Toronto.

Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Mrs. Paffard, 81 Grenville Street, Toronto; Miss K. Mathieson, Riverdale Hospital, Toronto; Miss A. J. Scott, 11 Chicora Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Jean C. Wardell, 97 Delaware Avenue, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss Ewing, 569 Bathurst Street, Toronto; Miss E. R. Greene, 130 Dunn Avenue, Toronto; Miss Butchart, 563 West Bloor Street, Toronto; Miss Jamieson, 23 Woodlawn Avenue East, Toronto; Miss DeVellin, 505 Sherbourne Street, Toronto; Miss Barnard, 608 Church Street, Toronto; Miss Kimmett, 853 Bathurst Street, Toronto.

Convenors of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss A. J. Scott; Press and Publication, Miss L. L. Rogers; representative to The Canadian Nurse Editorial Board, Miss Jamieson.

The regular monthly meeting of the Executive was held at the Graduate Nurses' Club, 295 Sherbourne Street, Toronto, on Wednesday, April 3rd, at 3 p.m. Eleven members were present.

The report of the Nominating Committee was received and ordered to be printed. The arrangements for the programme were announced. The programme will be printed and distributed at an early date.

Members are asked to mark their ballots, sign same and return at once to the Secretary. If this is done, work will be greatly simplified.

The Treasurer's report showed a balance in the bank of \$420.31.

The report from the Hamilton chapter showed the interest of the nurses in the work of the Association. They are doing everything possible to ensure the success of the annual meeting. There were thirteen new members received, ten of these being residents of Hamilton.

The following section in the Hospital Act just passed by the Provincial Legislature will be read with interest: "Training schools for nurses may be conducted at hospitals receiving aid under this Act, and when such regulations in relation thereto as may be prescribed by the Lieutenant-Governor-in-Council have been observed, Graduate Nurses of such training schools may be entitled to registration in a register kept for that purpose under the direction of the Provincial Secretary, and a person so registered may be designated a Registered Nurse."

A committee was appointed to confer with the Provincial Secretary in regard to "such regulations."



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

Established 1895.

Incorporated 1901.

President—Miss Phillips.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison Street.

Registrar—Mrs. Bureh, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 112 Mansfield Street, first Tuesday, 8 p.m.

The lecture for April was given by Dr. Fry on "Milk and Milk Stations." The lecturer pointed out the need in Montreal of infant hospitals and infant nurses. He included this need among the chief remedial causes in infant mortality. Others were, lack of breast feeding, ignorance of mothers, dirty milk, dead or proprietary and incomplete foods, uncleanness, excessive clothing, improper feeding during the heat spells, vomiting, diarrhoea, poliomyelitis and diseases in general. Heat is the irremedial cause.

For the human infant breast milk is the only suitable food. Frequently the baby is taken from the breast when careful analysis of the milk and dieting of the mother would ensure better results. Cases illustrative of this were described.

Laurentian milk is milk boiled for 20 to 30 minutes at 230 degrees Fahr. It keeps indefinitely but is useless as a continuous food. It should never be used except when pure milk is unobtainable. Proprietary foods should never be considered. They are all deficient in fats and excessive in starch and, being sterilized, are rendered useless as nourishment.

Milk to be pure should be taken from local farms and delivered the morning of milking. Any milk delivered over a railroad can scarcely be fresher than thirty-six hours.

Infant mortality in Montreal has decreased 50 per cent. since the advent of milk stations. During the excessive heat a large tent in an open field is ideal for a station. Critical cases could be cared for here by the nurses.

Lantern slides were shown illustrating means of contamination of milk from cow to infant, bacterial formation before and after prophylactic measures, infants treated on "dead" foods, and the results after pure milk.

A hearty vote of thanks was tendered the lecturer, after which refreshments were served.

(Continued on Page 272)

My Scallop Shell of Quiet

A RALLYING SONG.

Sometimes trustful, often fearful,
In this world of shifting wrong;
Sometimes joyful, often tearful,
Still be this our rallying song—
Aye in sadness
And in gladness,
Nobly act, for God is strong.

When, oppressed by deep soul-sorrow,
Life beneath the darkest skies
Seems so drear that no to-morrow
Holds a threat of worse surprise—
In such sadness,
Nobly act, for God is wise.

When our souls are tried, and tempted,
Some ignoble end to buy,
From the coward's bonds exempted,
Let us resolutely cry—
Evil sow not,
That it grow not,
Nobly act, for God is nigh.

—MACKENZIE BELL.



CHIEF SUPERINTENDENT'S REPORT

(Continued from April)

Thirteen branches have increased their nursing staffs during the year, viz.: Victoria, Vancouver, Revelstoke, Kaslo, Winnipeg, London, Hamilton, Stratford, Ottawa, Toronto, Montreal, St. John and Halifax.

The little district of Baddeck, B.C., which has made such a brave fight to keep a V. O. nurse, has been obliged to give up for a time at least, owing to difficulty in raising the necessary funds.

And, if we look back to the early years of the Order, we find that in the year 1898 there were 16 nurses under the Order, 673 patients were cared for and 8,080 visits were made in the districts. In the year 1907 there were 114 nurses, 10 753 patients and 68,093 visits, while in the year 1911, the record was as given above: 191 nurses, 19,922 patients and 162,373 visits. That is a most eloquent reply to anyone who asks, "What has the Victorian Order done?"

The branches in which the growth has been marked are many. The Victoria branch, which was opened at the beginning of the year, sends a very favorable report, and thus early in its life finds it needs to add a second nurse to the staff.

The Vancouver branch has made very rapid strides during the year. They have bought and equipped a very handsome Nurses' Home—the Florence Nightingale Home. They have had five nurses on the district during the year and have just qualified as a training centre and, since the year began, have added two more nurses to the staff. They have a nurse stationed at Fairview, and are planning to have resident nurses placed in the other parts most distant from the central district. One of the staff acts as city nurse.

The Revelstoke Hospital Society continues its good, progressive work in its three hospitals, at Revelstoke, Arrowhead and Chase.

The Lady Minto Hospital, at Melfort, Sask, has had a good year and the Board have wisely decided to give up the training school in connection with the hospital and employ all graduate nurses.

The Edmonton Association is doing very well. They are considering the question of a second nurse and steps are being taken to place a nurse in Strathcona, which is now part of Greater Edmonton.

The country district at Lundbreck, Cowley and Livingston has had a very quiet year and there has been some difficulty in raising the necessary funds, but the committee are still interested and are working well, and it is expected that the district will soon be on a good financial basis.

The Lady Minto Hospital, at Minnedosa, Man., has had a satisfactory year; in fact, it has taken on a new lease of life.

The Winnipeg branch still continues to expand. They have a staff of six nurses and have decided for the present to have all permanent nurses.

The hospitals at North Bay and New Liskeard keep up their good records.

In Ottawa very important changes have taken place during the year. Up to this year, by an arrangement satisfactory to both the Central Board and the Ottawa Local Board, the nursing staff of the latter has been housed in the Home of the Order, 578 Somerset Street. But, during the year, the increase in the work of both Boards made a change necessary, and the Ottawa committee purchased and furnished a very handsome, comfortable and commodious Home in Albert Street for their staff, thus leaving the Central Board's Home, in Somerset Street, for their own staff. The work of the Ottawa branch is increasing steadily. They have a staff now of twelve nurses and the statistical reports of the district show a marked increase in work accomplished. Five hundred and sixteen more patients were attended than last year and 6,935 more visits paid. Then, as a training centre, Ottawa is of importance, and the committee are making every effort to keep pace with the new and important ideas which are confronting them almost daily, and which take their rise in the welcome revival of social service.

To give the nurses who are taking the post-graduate course under the Order full benefit of all the educational advantages along those lines is the desire of each of our committees where we have a Training Home.

The Toronto branch has had a most successful year. They have increased their staff to thirteen nurses, have placed resident nurses in three new outlying parts—the West End, East End and Central Neighborhood House. The statistical reports show that 3,496 more visits were made in 1911 than in 1910, and 133 more night calls answered.

The Rosamond Memorial Hospital at Almonte, Ont., has had a record year—the best in its history—and the President in his annual report draws attention to the fact that in every way the year has been an excellent one, in the work accomplished, in its finances and in holding the good opinion of the people in the community. The Board is now considering the question of building a Nurses' Home, so as to give more accommodation for patients.

The Stratford branch has had an exceptional year, and the work continues to increase. Some idea of it may be gleaned from the President's report, in which he points out that the average number of visits per month has gone from 90 to 179 in two years, and, for the last three months of 1911, the average was 290. Two nurses are now on the staff.

London has done very well this year—increase in number of patients, 119, and in visits, 547. Two nurses are now employed steadily.

The Hamilton, Brantford and Galt districts all show gratifying results. Hamilton has added a fourth nurse to its staff during the year.

(To be Continued)

HOSPITALS AND NURSES

Miss Lillian Tobias, Graduate of Hamilton City Hospital, class '09, has been appointed Assistant Superintendent at Stratford General Hospital, Stratford, Ont.

Miss Isabel McIntosh, Graduate of Hamilton City Hospital, class '10, has been appointed Supervising Nurse in Dr. Bull's Sanatorium, New York, N. Y.

Miss Etta McLeay, Graduate of Hamilton City Hospital, has gone to Vancouver, B. C., to take a hospital position with Miss McLeish, also Graduate of Hamilton City Hospital.

Misses Milne, Dow and McIntosh, Graduates of Hamilton City Hospital, who have been taking post-graduate work in Women's Hospital, New York, N. Y., have successfully passed the State examinations.

Miss Goodhue, one of the Assistant Superintendents of the Royal Victoria Hospital, Montreal, who has been seriously ill for the last few weeks, is, we are glad to say, making a good recovery. She will, however, require to take a complete rest, and has been granted six months leave of absence, when we hope she will be able to resume her duties and carry on her work in her usual efficient and energetic manner.

At the March meeting of the Alumnae Association of the Royal Victoria Hospital, Montreal, Dr. Gardner gave a most interesting lecture, illustrated by limelight views, of a trip through Russia and Turkey, which he, in company with Dr. Shepherd, took some years ago. The lecturer made his journeyings most interesting and vivid, and the views, most of which were taken by himself, were in many instances very beautiful and added much to the pleasure of the evening. A hearty vote of thanks was tendered to the doctor at the close of the lecture.

Miss Minnie McDonald, Graduate of General Hospital, Collingwood, class '08, is slowly recovering from a very severe attack of typhoid fever.

Mrs. Burns, Graduate of German Hospital, Buffalo, N. Y., is convalescing after an operation at the General Hospital, Collingwood, Ont.

Miss Stubberfield, who has conducted the "Home" Private Hospital on Gloucester Street for some time, is closing her hospital on May 1st owing to ill health. Miss Stubberfield intends to resume her private practice when she has had a good rest.

The regular monthly meeting of the Toronto Central Registry Committee was held at 569 Bathurst Street on Monday, April 1st, Miss Fergusson, Convener, in the chair. Seven members were present. The Registrar reported total calls for March to be 304. Balance in bank April 1st, \$1,910.71. Three applications were considered and accepted, making a membership of 392.

On Tuesday, March 26th, the Toronto Western Hospital Alumnae Association entertained the graduating class and other friends at a dance given in the lecture room of the new building. The Nurses' dining-room, prettily decorated with violets, lilies of the valley and daffodils, was used for the buffet lunch.

At 12.30, when the orchestra retired, a general regret was expressed, the guests declaring it one of the most enjoyable dances of the winter.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held on Monday, April 1st, at 8 p.m., at the home of Mrs. Yorke, 400 Manning Avenue. The President, Mrs. MacConnell, presided. The committee reported that the Alumnae ward in the new hospital is very comfortably and prettily furnished and ready for use. After the disposal of business, Miss Crosby, President of the Graduate Nurses' Association of Ontario, gave a talk on Registration, emphasizing its importance and the great need for registration as instanced by the correspondence schools and other so-called schools of nursing in our own city. A social cup of tea was enjoyed at the close.

Ottawa.—The regular monthly meeting of the Ottawa Graduate Nurses' Association was held on Monday, March 11th, at the Nurses' Club, with a fair attendance. The President, Mrs. Ballantyne, occupied the chair. Dr. E. G. Preston, specialist in orthopedic surgery, addressed the Nurses, and showed some splendid models of corrected club-foot, also a number of X-ray pictures of tuberculous spine, fractures, etc. Dr. Preston's address was most interesting as well as instructive and was thoroughly enjoyed by all. Tea was served at the close of the meeting.

British Columbia.—The Woman's Auxiliary of Vancouver General Hospital has inaugurated a Social Service Department with Miss MacDonald in charge. Miss MacDonald reports a splendid opening for this work and, though the work has only been started a few days, she has had several cases.

Miss A. Rodd, Graduate of Royal Victoria Hospital, Montreal, sailed on March 2nd from Vancouver for Honolulu.

A Graduate Nurses' Association of New Westminster, B. C., has just been organized with a view to working for Provincial registration. President, Miss Wright; Secretary-Treasurer, Miss C. Gray, Royal Columbian Hospital, New Westminster, B. C.

Victoria.—The regular monthly meeting of the Victoria Trained Nurses' Club was held on Monday, March 4th, at 3 p.m., in the Club Room. The President, Miss Clarke, occupied the chair. The annual dance was arranged and will take place on April 9th. As the Club is affiliated with the Local Council of Women, the following resolutions were forwarded: (1) That a School Nurse be appointed for Victoria; (2) That the Local Council of Women assist the Nurses in their efforts to secure registration.

Fernie.—Mrs. G. Clode, who took a post-graduate course in the Woman's Hospital, New York, has successfully passed her final examination. She has accepted a position on the staff of the Woman's Hospital. Mrs. Clode's many friends will be pleased to hear of her success.

Three nurses from Calgary are doing private work in Fernie.

Miss Wilkins, Staff Nurse in Regina General Hospital, was called to California on account of the illness of her father.

The new wing of St. Michael's Hospital, Toronto, was opened on the after-

noon of March 12th by his Honor, Sir John Gibson, Lieutenant-Governor of Ontario. This will double the capacity of the hospital and greatly facilitate the work of the staff.

Dr. and Mrs. Claude Freeman returned home from China early in April. Mrs. Freeman graduated in 1904 from Hamilton City Hospital, where Dr. Freeman was at that time Superintendent. They have been engaged in medical missionary work in China for several years.

Mrs. Zimmerfeldt has resigned her position as Lady Superintendent of the Melville, Sask., Hospital.

Miss Beharrel (V. G. H.) and Miss Baynes (V. G. H.), late Day and Night Superintendents of the Vancouver General Hospital, are opening a private hospital in the west end of Vancouver. Diets and dieting will be a specialty.

The Alumnae Association of Montreal General Hospital held a bazaar in aid of their "Sick Benefit Fund for Nurses" on March 16th in the Governors' Hall. The bazaar was opened by Dr. Shepherd, Dean of the Faculty of Medicine, McGill University.

The following ladies acted as patronesses:

Miss Livingston, Miss Stikeman, Lady Allan, Mrs. George Hooper, Miss A. Morrice, Mrs. F. G. Finley, Mrs. Arthur French, Mrs. Percy Nobbs.

The various tables were under the management of graduates of the hospital, in uniform, as follows:

Mrs. Dorion, fancy and useful articles; Mrs. Wright, home-made candy; Miss E. Brown, dolls; Miss Howard, flowers; Miss M. V. Young, surgical emergency articles; Mrs. G. Wells, fish pond; Miss G. H. Colley, fancy and useful articles; Miss Shaw, pottery.

The tea table was in charge of the Graduate Staff of the M. G. H.

Miss Munroe was to be found in her secluded tent waiting to reveal the secrets of palmistry.

The M. A. A. A. Glee Club furnished music during the evening.

Plans are being prepared for a new children's hospital of twenty-five beds in Hamilton.

Nelson, B. C., is also planning for a new hospital, a three-storey building of sixty-six beds.

The regular monthly meeting of the Alumnae Association of Toronto General Hospital was held at the Club, 295 Sherbourne Street, on Wednesday, April 10th. Miss Christie, first Vice-President, presided. Plans for the annual luncheon were discussed and final arrangements left to the Executive Committee. A very interesting letter from Mrs. Aubin was read, in which she described her delightful trip from New York to Cairo, with visits at Madeira, Gibraltar, where she witnessed the reception of the King and Queen on their safe return from India, then on to Algiers with its interesting Arab villages, then on to Villefranche, Monte Carlo and Nice, where the profusion of flowers delighted the eye. Then to ship again and on to Naples, through the Straits of Messina to the harbor of Alexandria, where lay the great battleship "Powerful" waiting to receive the body of the late Duke of Fife. But more of Egypt later. We are

glad our Corresponding Secretary is having such an enjoyable time. A social hour was enjoyed, when refreshments were served. The Alumnae were pleased to have as guests Miss Phillips, President of the Canadian Nurses' Association, Montreal, and Miss Deyman, School Nurse, Hamilton.

SECOND ANNUAL MEETING.

The Canadian National Association of Trained Nurses held its second annual meeting in Toronto on April 4th, morning and afternoon.

The chair was occupied by Miss Brent, first Vice-President of the Association, in the absence of the President, Miss Snively, who is in England.

The morning session was largely devoted to business, with the exception of one address on "Social and Moral Prophylaxis" by Miss Carson, of the Committee on Social and Moral Reform.

The question of delegates to Cologne was discussed. Miss Phillips, Montreal, undertook to provide a Jeanne Mance costume for the pageant.

The following changes in the constitution were adopted:

Article VI, Sec. 2, now reads: Each affiliated association composed of ten members or less shall be entitled to one delegate, each affiliated association of eleven to twenty members, two delegates; no association shall have more than five representatives at the annual meeting.

Delegates present at the annual meeting shall be entitled to cast total number of votes to which their association is entitled.

Article X now reads: The initiation fee for each affiliated association shall be five dollars. Permanent members shall pay an annual fee of one dollar. Each affiliated association shall pay two dollars for each delegate that it is entitled to send to the annual meeting; this shall constitute the annual fees of each association.

The amalgamation of this Association and the Canadian Society of Superintendents of Training Schools for Nurses was proposed. There was considerable discussion.

A committee was appointed to consider the matter and report at the meeting at Hamilton in May.

The officers for the next year are President, Miss Mackenzie, Ottawa; First Vice-President, Miss Brent, Toronto; Second Vice-President, Miss L. C. Phillips, Montreal; Secretary-Treasurer, Mrs. Fournier, Gravenhurst, Ont. Directors: Miss Macfarlane, Vancouver; Miss Wilson, Winnipeg; Miss Colquhoun, Montreal; Miss Rowan, Toronto; Miss Greene, Belleville; Mrs. Staebler, Sherbrooke.

Miss Carson gave an interesting and helpful address, after which the delegates and members went to the Toronto Graduate Nurses' Club, 295 Sherbourne Street, where they were entertained at a buffet luncheon. Every visitor was delighted with the new Club and congratulated the nurses of Toronto on the possession of such beautiful and commodious headquarters.

The afternoon session was devoted to a symposium on social welfare. Miss

Mary Wadley, R.N., New York, gave a most interesting, instructive and helpful paper on "Hospital Social Service." The paper on "Work in Social Service Department, Toronto General Hospital" by Miss Nora Holman, R.N., showed the great possibilities of the work, in which a good beginning had been made.

"Social Aspect of Tuberculosis" was the subject of an interesting paper given by Miss Emmie H. Dyke, R.N., Tuberculosis Division, Medical Health Department, Toronto. The discussion was led by Miss L. L. Rogers, R.N., Superintendent of School Nurses, Toronto. A number of questions were asked Miss Wadley, who kindly responded to all, and much useful information was the result.

Dr. Richard Cabot, Boston, who was to give an address on "Social Service," was unable to be present in time for this meeting but spoke later for a few minutes in Annesley Hall, where the nurses and their friends were entertained by the University Women's Club.

A full report will, we hope, be available soon, so as to give those unable to attend the opportunity of reading the very excellent papers that were given.

ANNUAL REPORT OF FLORENCE NIGHTINGALE ASSOCIATION, TORONTO.

On Tuesday, April 2nd, the Florence Nightingale Association held its second annual meeting at the new Club, 295 Sherbourne Street, with a large attendance.

Miss McKenzie, R.N., President, occupied the chair. The report was read by Miss Wardell, R.N., Secretary, and showed a large paid up membership, fifteen new members having joined during the year. Several resigned, among which were two of the directors, Miss Griffith, who left for her home in Suva, Fiji Islands, and Miss Wilson, who is going to make her home in Winnipeg.

Three new directors were elected, Miss Helen, Miss Hoyt and Mrs. Wiggins, Miss Pringle being re-elected, Miss Hamilton and Miss Waddell retiring.

Miss J. Wardell, R.N., was unanimously urged to continue her office of Secretary-Treasurer, which position she has so ably filled since the formation of the Association.

Owing to her inability to attend the meetings, Miss Urquhart resigned her office as representative to the Registry Committee, and Miss Pringle was elected in her place. Miss Van Every will act as representative to "The Canadian Nurse."

After the business was concluded refreshments were served in the pretty dining-room, Miss Robinson, Superintendent of the Club, kindly officiating in pouring the coffee.

The Association had great pleasure in welcoming new members, and also in having Miss Brent and Miss Eastwood, two of the honorary members. Miss Crosby and Miss Ewing were the guests of the Association during the social part of the evening.

The Association will in future meet monthly on the first Tuesday.

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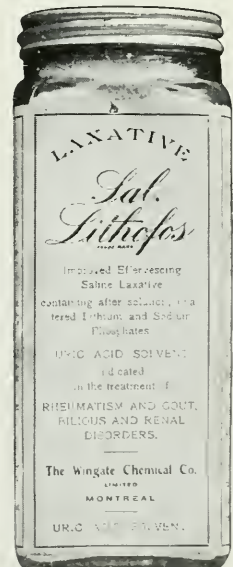
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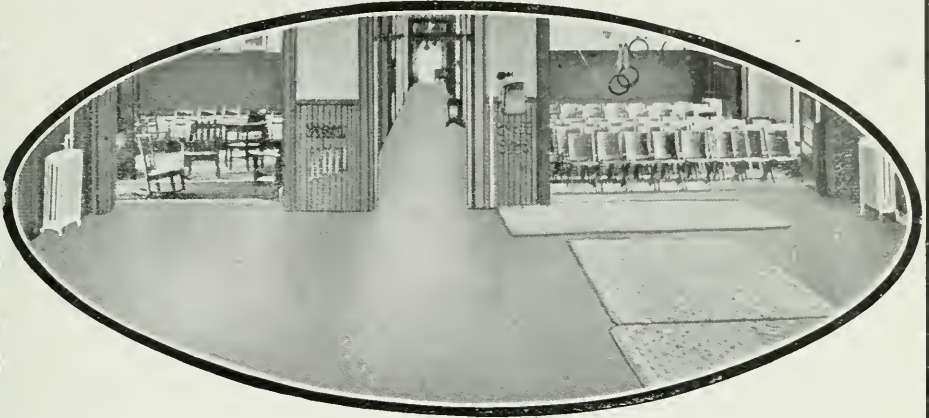
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GRACE HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Rowan, Supt. of Nurses, Grace Hospital; President, Miss DeVellin, 505 Sherbourne St.; First Vice-President, Miss A. Carnochan; Second Vice-President, Miss P. Wood; Secretary, Miss I. Sloane, 154 Beverley St.; Assistant Secretary, Miss M. E. Henderson, 434 Markham St.; Treasurer, Miss A. M. Comley, 31 St. Mary St.;

Board of Directors—Misses Etta McPherson, Cordingley, Worden, Cunningham and Noble.

Social Committee—Misses Blewett, Stephens and J. H. Russell.

Convenors of Committees: Sick Visiting—Miss Pearen, 434 Markham St. Programme—Miss Hunter, 566 Sherbourne St.. Press and Publication—Miss L. Smith, 9 Pembroke St.

Representatives on Central Registry Committee—Misses Knight and Hawley, 71 Grenville St.

Representative "The Canadian Nurse"—Miss Rowan.

Regular meeting, second Tuesday, 3 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, rear 113 Delaware Ave.

Board of Directors—Misses Pringle, VanEvery, R.N.; Hunter, Hoyt, Hehu, Mrs. Valentine, and Mrs. Wiggum.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Pringle.

The Canadian Nurse Representative—Miss VanEvery, R.N., 116 Fermanagh Ave.

Regular meeting, first Tuesday.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Bell, Lady Superintendent; President, Mrs. MacCounell, 125 Major St.; First Vice-President, Miss Cooper, 30 Brunswick Ave.; Second Vice-President, Miss Kelly; Recording Secretary, Miss Moore; Corresponding Secretary, Miss L. Bowling, 77 Winchester St.; Treasurer, Miss Mary Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Coady, Miss Cooney.

Registry Committee—Miss Anderson, Miss Baker.

Board of Directors—Miss Davis; Mrs. Yorke, 400 Manning Ave.; Miss Cooper, 30 Brunswick Ave.

Programme Committee—Misses Fee, Moore and McDermid.

The Canadian Nurse—Miss M. Butchart.

Regular meeting, first Friday, 3.30 p.m.

The Crisp Tasty Toast



Food science has taught us that there is much body-building nutriment in the whole wheat grain which we do not get in white flour. The only question is how to make the whole wheat grain digestible. That problem has been solved in the making of

Triscuit

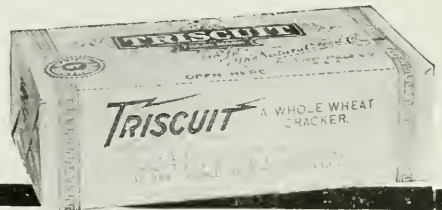
The Shredded Whole Wheat Wafer

It is the whole wheat, steam-cooked, shredded, compressed into a wafer, and baked; the maximum of nutriment in smallest bulk. Many people prefer it to ordinary bread toast. Heated in the oven to restore its crispness it is delicious for luncheon, or for any meal, with butter, potted cheese or marmalades.

"THE TOAST OF THE TOWN"

The Canadian Shredded Wheat Company, Ltd.
Niagara Falls, Ont.

Toronto Office: 49 Wellington St. East



(Continued from page 250)

Registration was discussed at the business meeting on April 2nd.

Mrs. Feygart, of the C. N. A., has been obliged to return to her home in the old country on account of ill health.

Miss Rogers, 15 Union Street, Kingston, and First President of the C. N. A., has recently lost her only sister. The association extends to her most heartfelt sympathy in her bereavement.

Miss Phillips is attending the Canadian National Association of Trained Nurses at Toronto and intends remaining in Toronto until the end of the month.

Mrs. Rowbottom, whose death notice appears in this issue, was a graduate of the M. G. H. and one of the C. N. A.'s old members. Her friends here were very much shocked to hear of her death and extend their sympathy to her husband.

CORRESPONDENCE.

To the Editor of the Canadian Nurse:

Dear Madam,—I would like to tell nurses who sit down to bathe a baby, how much more convenient it is to have the baby on a table or bed of moderate height, and proceed as you would to give an adult a sponge bath. If the bed is used, it must be protected with a small rubber sheet and blanket, and if a table, place on it a thin pillow covered with rubber sheeting and small blanket, on which the baby may be laid while it is being bathed. The advantages of standing to bathe and dress an infant are many.

The nurse has greater freedom of movement and is in a good position to reach for any article she needs. It is easier to put the binder on an infant in this position, also easier to dress it. It overcomes to a great extent the nervous feeling young nurses and mothers have in handling a wet infant.

C. LAWRENCE,
Superintendent Saratoga Hospital.

THE NURSES' LIBRARY.

Care of the Patient. A Book for Nurses. By Alfred T. Hawes, A.M., M.D. Illustrated. Price, \$1.00 net. P. Blakiston's Son and Company, 1012 Walnut street, Philadelphia.

The author emphasizes the need of the skilful performance of every detail of nursing. The success or failure of the work of physician or surgeon depends upon the nurse. The technique of the nurse must be as exact as the technique of the surgeon. The chapters, six in all, deal with Medical Nursing, Surgical Nursing, After-care of the Patient and Maternity Nursing. The instructions are detailed and complete.



*Let me tell you
about Benger's Food
for Invalids*

In times of sickness and ill-health, the natural digestive organs are nearly always deranged, consequently the digestive functions become entirely inadequate.

Failure to digest any food taken into the stomach means failure to supply nourishment when it is most required.

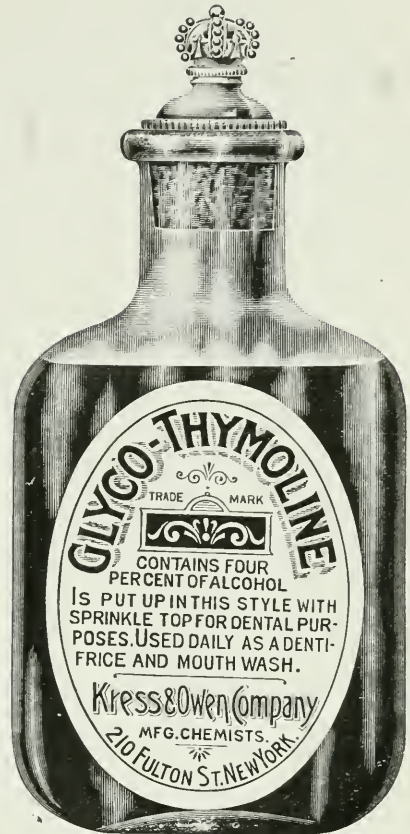
On the other hand, if the digestive system can do any work, it should be given work to the extent of its power, then as strength increases, the digestive organs regain their activity.

The great advantage of Benger's Food is that it can be prepared to give either a carefully regulated exercise of digestion, or almost complete rest, according to the condition of the patient.

Benger's prepared with milk is a complete Food in the form of a dainty and delicious cream, rich in all the elements necessary to sustain life. It is well known to medical men and is approved by them. There is no real substitute for it.

Every lady having the care of an invalid, will learn much that is valuable to know in the new Booklet, just published by the proprietors of Benger's Food: among other things, it contains a variety of dainty invalid recipes, prepared to relieve the monotony of milk diet, which becomes very irksome to invalids. A copy will be sent post free on application to

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stands on its merits.

Mention This Magazine.

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BIRTHS.

MATHER—At the General Hospital, Collingwood, Ont., on Thursday, February 1st, to Mr. and Mrs. W. J. Mather, a son (James Morton).

Mrs. Mather (nee Morton) is a Graduate of the General Hospital, Collingwood, class '05.

FREEMAN—At the General Hospital, Collingwood, on Monday, April 1st, to Mr. and Mrs. W. Freeman, of Stayner, a son.

Mrs. Freeman (nee Laura Diner) is a Graduate of General Hospital, Collingwood, class '04.

MARRIAGES.

TRICE—NEWALL—On October 28th, 1911, at "The Manse," Bonar Presbyterian Church, Toronto, by Rev. Alex. MacGillivray, Miss Newall, graduate of Toronto General Hospital, to Mr. Theodore Trice, 100 Westmoreland Avenue, Toronto.

ARTON-SONES—CAMPBELL—At Prince Albert, Sask., on December 5th, by Rev. Mr. Strong, Miss Florence I. Campbell, daughter of the late Mr. Campbell, barrister, Chatham, Ont., to Mr. William Arton-Sones, Big River, Sask. Mrs. Arton-Sones is a graduate of Hospital for Sick Children, Toronto, and late Superintendent of Victoria Hospital, Prince Albert, Sask.

LANE—HUCK—On November 29th, 1911, at 193 St. George Street, Toronto, by Rev. Professor Robertson, Knox College, Miss Madeline M. Huck to Rev. D. J. Lane, B.A., Cookstown, Ont. Mrs. Lane is a graduate of Toronto Western Hospital, class '09.

MACDONALD—MINNS—On December 14th, 1911, at St. Clemens' Church, Toronto, by Rev. John Bushell, Miss Minns, graduate of Toronto General Hospital, to Mr. Duncan Macdonald, 16 Pine Hill Road, Toronto. Mr. and Mrs. Macdonald are spending their honeymoon in Bermuda.

DEATHS.

WEIL—On March 9th, at Niagara Falls, N. Y., Mrs. Weil (nee Sarah Williams), Graduate of the Mack Training School, St. Catharines, Ont.

ROWBOTTOM—At the Bungalow, Cedros, Trinidad, B. W. I., on Wednesday, February 21st, 1912, Annie Ethel, dearly beloved wife of R. S. Rowbottom. The late Mrs. Rowbottom (nee Annie E. Hodgins) was a Graduate of Montreal General Hospital and a member of the Guild of St. Barnabas. It is with great sorrow that her many classmates and friends learn of her sudden death.

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For the prompt and refreshing relief of night sweats, there is nothing superior to sponge bathing with Pond's Extract, full strength, or diluted half and half with tepid water. Its

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**NIGHT
SWEATS**

THE CANADIAN NURSE

*A MONTHLY JOURNAL FOR THE
NURSING PROFESSION IN CANADA*

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TORONTO, JUNE, 1912

No. 6

THE APATHETIC INTEREST IN ALUMNAE ASSOCIATIONS.

If the majority of people were asked their opinion of nurses they would say in the college boy's vernacular, "They're all right!" and so they are.

It is said that you never really know people until you live with them, and that is why I wish to speak, for I have lived with nurses for most of eight years. They deserve all the credit they get and more, for their self-sacrifice, their hard work and the irregular life they have to live in private nursing. So much has been said on this subject that anything I would say might be repetition, but I know all sides, having done both private and institutional work.

But it is from another standpoint I wish to speak, and that is the apathy of the average nurse towards her profession. If you ask nine out of ten nurses if they attend their Alumnae Meetings they tell you with a laugh and great gusto, "No, they never go," and "they really don't care about it," and appear to "glory in their shame." To my great astonishment one graduate—of a prominent school, too, I am sorry to say—wanted to know "What good it did any way." She seemed an intelligent girl, probably more so than myself in many ways, but I feel sure from observation that she was expressing the opinion of dozens and dozens of nurses.

They are "too tired" or "they don't care about it," they want some amusement and so they leave their profession until the last. What a mistaken idea! That very apathy makes them tired, they have no interest to stimulate them.

I have gone to meetings where I have been very tired, but felt better for going. Part of the fatigue of private nursing is lack of congenial companionship. Nice as a patient may be, one has not the interest in her one has in her own friends and who is closer to a nurse than another nurse? I know from experience. I go back from the meetings to my patient better and brighter.

The private nurses tells you that they get "into a rut" and "so out of things," but just let them know that there is to be a paper read at an Alumnae Meeting, though it be by a clever doctor who has taken his valuable time to prepare it and come and read it—and do the nurses come? No, the committee and perhaps half a dozen others appear and the President feels it her duty to apologize to the speaker and explain that the nurses are busy and the usual hackneyed excuse and he, out of politeness, says he understands.

Then an able paper is prepared by some nurse who has specialized in a certain subject and the committee breathes a sigh of relief when they see the usual small number, for they know she does understand—the apathy. Is it any wonder they get in a rut!

And yet these same nurses tell you it is not professional to "do what the

hand finds to do" in a private house, no matter what the circumstances, and they should do nothing but attend to their patient. They should not be considered professional women, they are just money-makers, profiting by the hard work of others. If they really had the professional spirit they would show it in their attitude to their Alma Mater. They take all the benefits gained by the few hard workers of their Alumnae; profit by the Registry; appeal to their Alumnae to raise the fees; ask its protection; yet they cannot be bothered attending its meetings.

We have just had the gratification of seeing that the Graduate Nurses of Ontario are to have State Registration and shall be distinguished by the letters R.N. from Graduates of unauthorized schools. I have not the slightest doubt that the first to use this title and the loudest in proclaiming the honor will be these same nurses who cannot be bothered attending their Alumnae Meetings, but, like the drones in the hive, will feast on the honey of the hardworking bee.

It was said to me by a visitor at a general meeting of nurses that she never saw such a discontented looking lot of women. I immediately tried to look pleasant, but as I looked around I was rather forcibly struck by her remark, though they were not wholly as discontented as disinterested.

Surely this could be remedied. In every college the graduates derive the greatest pleasure from their gatherings and make every effort to keep in touch with their Alma Mater.

Just recently the Alumni Association of Trinity Medical School has been organized, and some of our most prominent and busiest doctors are taking an active part. Surely we are not more busy than the doctors. If an important topic is to be discussed the interest is general and an effort is made on the part of the members to attend the meeting and exchange ideas on the subject.

A prominent business man of Toronto said he could not understand why the nurses were so indifferent to their professional interests. If an appeal were made for a general meeting, out of the large number of women actively engaged in nursing perhaps twenty-five would appear. When the old excuse of a busy life was put forward it struck me as particularly humorous, for this same man is so busy that he has time for everything and everyone as all really busy people have.

Being an active worker for an Alumnae Association I feel justified in speaking as I do, and I am expressing the opinion of many similarly engaged. Committees giving time and effort in getting up entertainments and papers to be met with the gratifying number of perhaps ten members, when there should be three times that number, and the majority of these workers are doing private work and their time is just as limited as the members who take no interest.

This apathy is prevalent everywhere to a greater or less degree. But it is in the individual, for I know one nurse who goes from Toronto to Buffalo to vote at her general Alumnae election, and another who pays her annual fee of five dollars to her Alumnae in Philadelphia though she has been nursing in Toronto for years. Where there is a will a way can be found.

The nurses in Toronto have an opportunity now of showing what they can do, if they rise up and support the beautiful new club-house so generously presented to them by their friend, as well as the children's, Mr. J. Ross Robertson.

Time can be made for Alumnae Meetings, perhaps not all, but many. I close by saying that the success of the nursing profession is due to the untiring efforts of the few. The hangers-on are the drawbacks that keep the profession from advancing. Being "professional" is not nursing for so many dollars a week, but being interested in helping your chosen profession to attain its ideals, which can only be done by the united efforts of all.

(Signed) M. N.

HOSPITAL AFFILIATION IN MANITOBA.

By Dr. D. A. Stewart.

I think for three reasons I may claim a special interest in the subject under discussion. To begin with, I am fortunate in having visited, with one or two exceptions, all the hospitals in the Province. In the second place, two years in the Winnipeg General Hospital has inspired in me a warm filial loyalty toward the good old mother of most of them. In the third place, I am deeply interested in one of the special hospitals of the Province, and in a particular branch of nursing which I think is too much neglected by them all.

I am sure I do not need to emphasize the importance of a gathering such as this. It aims to raise the standard of nursing throughout Manitoba, to have the crying need of nursing care in country as well as city met more adequately, to eliminate fraud, and to give the profession of nursing the place it should occupy among professions. That the standard needs to be raised there can be no doubt; that there is a need for nursing which is not met is brought most strikingly to our notice again and again; that fraud is openly practised in the parading of utterly untrained and most unsuitable persons as nurses is well known to every medical man; and that nursing with its glorious past and most beneficent present, and the wide horizon of its future, deserves a place among the liberal professions will not be disputed, at least in such a gathering as this.

The paramount issue in our deliberations has been, I take it, the good of the people of Manitoba. Any federation of the hospitals in Manitoba would not mean a scramble for advantages, each pitted against the other, but would be more like a university council, charged with a high branch of education. Hospitals are not close corporations with special interests to be jealously guarded, but are philanthropic and educational institutions, built, organized and administered throughout for the greatest possible good to people at large. The directors of an hospital are not the guardians of a guild, but are the trustees, so far as nursing education is concerned, of a sort of university.

Hospitals are built to serve, and the greatest and best hospital is the one most ready, most willing, most efficient in service. It is, in hospitals more blessed to give than to receive. Representatives of hospitals dealing with the matter of registration will, I am sure, be able to lay aside all thought of gain or loss of prestige, and discuss the question on the broad basis of the common good. And the larger the hospital, the more perfect its equipment, the wider its scope, the fuller its course of training, the more it has to contribute, and, I am sure, the more it will be found ready to contribute to a province-wide advance in nursing standards. And I am sure the nurses who are pushing forward the measure for provincial registration are impelled by no selfish desire to guard or

advance their own dignities and rights, but are unselfishly giving of their time and energy to promote large measures for the general good.

The provincial registration of nurses seems to carry with it the need for some degree of affiliation among hospitals. Looked at from the point of view of one particular hospital, small or large, this would seem to be a rather bothersome proposal, requiring much change and readjustment. Readjustment and change will be required, but living organisms are constantly changing and readjusting themselves to their environments, and it is only the dead that lack the power to initiate change. Change, breaking up the old order of things, are the growing pains of institutions.

Faced squarely, the inter-hospital arrangements which would be necessary would demand little or no sacrifice on the part of any hospital, and would likely work out to the good of each, as well as the good of all. If all the hospitals were under the control of one Board, the changes needed would be made as a matter of course. By separate Boards acting in the common interest the same changes could be worked out just as well.

Throughout the Province the hospitals may roughly be divided into four classes:

1. Large hospitals.
2. Hospitals of medium size.
3. Small hospitals.
4. Special hospitals.

If one were considering the training of nurses he needs must say that this has not always had the care bestowed upon it by hospital trustees that not only its importance, but mere justice demands. Nurses do not always, either in small hospitals or large, get advantages anything commensurate to the services they render. A better balance should be kept between what a nurse in training gives and what she gets. The means for her instruction should not be merely incidental, but deliberately and fully provided.

However, leaving this topic without further discussion, it may be taken for granted that, with admitted but constantly lessening defects, the large and the medium hospitals are giving a training that at least would meet the requirements of registration. The special hospitals cannot be considered as a class but must be dealt with separately. There remain the considerable number of smaller hospitals throughout the Province having, say, 40 beds or less, some of which maintain training schools. It would seem necessary that the training given in these should be supplemented by experience in one of the larger hospitals. Such a plan may, at least, form a basis for consideration.

What advantages would such a plan give to the small and large hospitals and to nurses graduating from small and from large hospitals? What does each kind of hospital give to its graduates? I can, of course, take only the doctors' and the observers' point of view. My impression is that the small hospital has much to give its pupil nurses, though it labors under some obvious disadvantages.

The small hospitals can train a nurse in the general methods of caring for patients and enable her to acquire the fundamental principles of this art. Enough nursing work to keep her busy, done under skilled direction, she could

get in a small as in a large institution. In the small hospital she will have from the beginning more responsibility thrown upon her; she is in the early part of her training more a nurse and less a part of a nursing machine; she will be more closely identified with administration and so better prepared for administrative work. She has more kinds of work to do, and so will develop all-round ability. She perhaps learns better to meet emergencies and to think and act for herself. A coasting schooner is a better school for a sailor than an ocean liner, with all its brass buttons. He has all parts of a sailor's work to do, even his trick at the wheel, while the man on the liner may be chiefly stoking or washing decks.

The true spirit of her calling can come to a nurse just as well among the few things of a small hospital as among the many things of a larger one. Indeed, I think I might dare to say it may come to her more surely in the small than in the large. There is less machinery, there are fewer externals, there is closer contact with the patient and with the home and relatives from which he comes than in the large city hospitals with its many wards and departments. There is in the large hospitals a tendency, however slight, for both nurses and doctors to think of "cases" rather than of "persons." The thirty beds of the ward are all drawn up in straight lines, the coverlets are arranged just so, and woe be to the patient who obtrudes an unusual individuality into such a perfect arrangement. A nurse must have a large share of the maternal instinct who can have deep sympathy with, who can "mother," thirty patients at one time. In the small hospitals the patients are fewer. A nurse is not "helping" to care for thirty, but is "caring" for five. It is not too much to affirm that the difference will tend to evolve different types of nurses and that the advantage will not altogether be with the larger hospital.

The nurse trained in the smaller school shows to advantage in the home—in the farm house, for instance. These same isolated farm houses, in their times of trouble, are fields white to the harvest, and the laborers in them are few. Such a nurse is less appalled by the lack of equipment, and takes in better part circumstances just as she finds them. She looks for what there is, instead of complaining about what there is not, and won't let the kettle boil over, even though she be a nurse and not a kitchen maid. The graduate from a larger school shows, as a rule, to better advantage among hospital surroundings, and is naturally more inclined to remain as much as possible in those surroundings.

On the other hand, the disadvantages of a small hospital are apparent. The number of patients is small and the variety of ailments not great. Cases presenting the most interesting phases of diseases are frequently sent to larger hospitals. Opportunities for training in surgical and maternity work are too limited. The visiting physicians are few.

It is at once the strength and weakness of the small hospitals that the training given depends almost wholly upon one person. Where that person is entirely adequate, the relation between teacher and pupil can be, in some respects, perhaps even more advantageous than usually exists in a larger hospital, but where, for one reason or another, the nurse in charge of the hospital is not adapted to her particular work the situation is very unsatisfactory. The apprentice system in medicine developed some of the ablest in that profession, at

its best gave something that the college system lacked, though, on the whole, the college system is undoubtedly better, as the larger hospital is, on the whole, a better school than the smaller. It has been said that a teacher sitting at one end of a log and a pupil at the other is a university. A bed and a patient and a nurse makes an hospital, whether with hundreds of other such beds in a populous city or alone in a hut in a desert.

There need not be much said about what the larger hospital gives and what it does not give to its pupil nurses. It gives them an experience covering a large number of cases, but, of course, the experience gained is never quite in proportion to the number of cases. One hundred typhoid cases do not teach twenty times as much as five, though undoubtedly the larger number gives a better experience of, say, the complications of the disease. Then there is a chance of training along special lines. All nurses cannot become skilled in eye and ear work. All cannot have experience with X-ray. Some may get extra advantages in surgery, some in maternity work, and some in infectious diseases. In a large hospital a nurse has the advantage of variety in her teachers, both in nursing and in more strictly medical matters. She uses the very newest equipment, has an opportunity of seeing unusual and interesting forms of disease and the best methods of treatment. Some of the disadvantages, which are not so apparent, have already been mentioned. There is just the slightest tendency to the development of the machine-made nurse who shows to advantage in hospital surroundings, but not to so great advantage when she leaves them.

What would be gained by affiliation, by an arrangement by which nurses partly trained in smaller hospitals could have also an experience in a larger hospital?

It is easy to see what the nurse in the small hospital would gain.

Having learned much of the science and, more especially, the art of nursing, she would be able to take the fullest advantage of the wider experience that would be open to her in the larger school. She would add to her knowledge of the art a fuller knowledge of the science of nursing.

The directors of a smaller hospital often have their scruples, or should, about the equivalent they can give a nurse in return for three years of valuable work. They could, with good consciences, offer her a two years' training in return for two years' work, and have the satisfaction of striking a much better balance between what they give and what they get.

The chief question may be, What is the advantage, or is there any, to a larger hospital in having nurses after two years in a smaller hospital come up for their final year? There should be a gain, in the first place, in that the larger hospitals would thus draw its nurses from a wider source. Each hospital throughout the country makes its special appeal to a separate circle of young women looking for a vocation. The larger hospitals would thus, through the smaller hospitals, draw from new sources excellent material out of which nurses might be made, or, rather, draw nurses already made. To express it differently, the larger hospitals would be universities, to which nurses drilled in the smaller schools would be sent for their final year, the larger hospitals having thus a graduating class made up of their own and nurses from other schools.

I do not think it is drawing the matter too fine to say that the larger hospitals would gain noticeably from the all-round capacity of nurses from the smaller hospitals, from their knowledge of conditions, and from their well-developed attitude of personal interest toward patients.

Now, when all the advantages of the smaller are added to all the advantages of the larger hospitals, is the education of nurses so complete that nothing is left to wish for? I think it will be easily seen that no standard of excellence remains long fixed for such a rapidly-developing line of work as this is. Modern nursing is scarcely more than a generation old, and has not yet quite found itself among the professions. Its horizon of ten years ago is its trodden pathway of to-day, and beyond is a new and alluring horizon. For one thing, the nurse has become a social worker. She not only gives care to the sick, she labors to prevent sickness, and even deals at first hand with the social conditions out of which sickness develops. She is employed in health department work, is an inspector of school children, instructs mothers as to how to care for their children, and is much employed as a teacher of hygiene. She is in the van of such movements as that to stamp out tuberculosis; indeed, her sphere is ever widening. No nurse is adequately trained who has not had an opportunity to at least know the various lines of usefulness which may be grouped as social service. It has been a very great advantage in many ways to the Winnipeg General Hospital to have had affiliation with the Margaret Scott Nursing Mission, and also to have had its own most efficient social service work.

The affiliation of the General Hospital with the Margaret Scott Nursing Mission was thought to be chiefly a means of helping the Nursing Mission. It has resulted in helping both the Mission and the Hospital. This serves to illustrate the advantage that even a large and well-equipped hospital may derive from affiliation with a special or smaller institution.

Much has already been said of special lines of work and the advantages regular hospitals would derive through affiliation with special hospitals. I am determined not to lose the opportunity to speak plainly of one very great need all our nurses have—that is, the need of an opportunity to learn something with regard to Tuberculosis, its care and cure.

Does it not seem strange that a nurse should be considered trained and experienced and equipped for her work when she has learned practically nothing about a disease that is fatal to at least one-tenth of all people, and that lies latent in half the human race? Yet, it is true that trained nurses—yes, and well-trained nurses—are, as a class, woefully ignorant about everything relating to this the greatest disease scourge of the race. I really consider that the ignorance of some graduate nurses, some even the best of them, with regard to Tuberculosis is almost, if not quite, as dense as that of the average ordinary person. And it is much more dangerous. The anti-tuberculosis warfare is on; the public is being moved to thought and action, and, like the great blind mass it is, very often to wrong thought and wrong action. There is a real danger that the new unreasoning and ignorant fear of Tuberculosis may do as great harm as the old ignorant apathy has done. But, for good or for ill, the public is aroused. Nurses, as natural leaders in health matters and experts regarding sickness, are con-

stantly appealed to with regard to Tuberculosis. It is often the blind leading the blind. They both fall into the ditch. Many graduate nurses know just about as much as their old grannies did about Tuberculosis—neither more nor less. But their responsibility is greater.

There is a reason and an excuse for this ignorance. Whether rightly or wrongly, but certainly not necessarily, all general hospitals try to exclude cases of pulmonary tuberculosis. They do not, of course, exclude surgical tubercular cases, for that would mean the exclusion of many cases brought to the hospital. But the most common of all serious diseases, Pulmonary Tuberculosis, is either excluded or, when it slips past the guard, is treated without proper facilities, wrongly. Therefore, in the whole regular course of her training a nurse has no chance to learn about Tuberculosis.

A nurse may say that she need have no particular knowledge of eye and ear cases, or that surgical work does not appeal to her, and that she will accept only medical cases; she may resolve to refuse maternity cases and think herself excusable for being ignorant with regard to obstetrical work. But no nurse, in nursing work along any line, can afford to be ignorant with regard to Tuberculosis. If she follows surgery it is there. If she undertakes social service, she finds it alike a great cause and great effect of social ills. If she would care only for children and their diseases, she must remember that half the school children the world over have a tubercular taint. If she would fly for refuge to maternity work, she must be told that this means caring for women at a time when, more almost than any other, the grim shadow hangs over them. Half the patients she will be called upon to nurse have latent or active Tuberculosis; and it is the duty of every nurse, nursing in any illness, to stand guard at such a time of lowered resistance against this silent and relentless enemy.

It would seem to be very desirable that nurses should learn as much as possible with regard to Tuberculosis. But their very lack of knowledge keeps them from wishing to learn. The first thing a nurse should know about it is that the care of comparatively early cases in a special institution is attended by not the slightest danger, and is an exceedingly attractive line of work, that there is no case on record of infection at a sanatorium, and that even the infectivity of the disease anywhere has been exaggerated. A second thing to learn is that such an institution as a sanatorium is not a pest house for the protection of the public, but rather a school. It is not a gateway to Death, but a gate to Life. I consider that this matter of nurses' knowledge of Tuberculosis is a very important one, as, speaking soberly, I would express the opinion that, apart from the indifference, or worse, of medical men, the greatest single obstacle to the overcoming of the disease is the ignorance of nurses.

I would like to see this ignorance at least modified by the formal or informal affiliation of some hospitals with the sanatorium at Ninette—some such affiliation as the Winnipeg General Hospital has with the Margaret Scott Nursing Mission at the present time. We at the sanatorium would be glad to receive undergraduates from hospitals throughout the Province who would come for a stay of, say, two months, or more, or even less. We would hope not only to thus teach a few, but to send them back to influence somewhat the members of their classes who could not come. Those who know anything about sanatorium

work know that this would be regarded as possibly the most attractive part of the nurses' whole course, and might serve as a needed holiday for some who were a little under par and who needed to recuperate. I may say that the sanatorium is now, or at any time, willing to enter into such affiliation. For my own part, I think I would rather help in the training of a dozen nurses in this way than in restoring to health three or four times that number of sick people. I am convinced that the good accomplished would be greater.—*Nurses' Alumnae Journal, Winnipeg General Hospital.*

REGISTRATION IN SASKATCHEWAN.

At the meeting of the Graduate Nurses' Association in Regina, Miss Grace Cooper, a registered nurse of New York, and Lady Superintendent of the Indian Head Hospital, outlined the proposed "Bill of Registration for Saskatchewan," with comments upon it. The following is her paper:—

WHO MAY PRACTICE AS REGISTERED NURSES.

Any resident of the Province of Saskatchewan being over the age of twenty-one years and of a good moral character, holding a diploma from a training school for nurses connected with a hospital or sanitarium giving a course of at least three years, and registered by the Department of Education as maintaining in this and other respects proper standards, all of which shall be determined by a board appointed by the said Department of Education who shall have received from the said department a certificate of her qualifications to practice as a registered nurse, shall be styled and known as a registered nurse, and no other person shall assume such title or use the abbreviation R. N., or any other words, letters or figures to indicate that the person using the same is such a registered nurse.

BOARD OF EXAMINERS; EXAMINATION FEES.

Upon the taking effect of this Act the Saskatchewan Graduate Nurses' Association shall nominate for examiners five of their members who have had not less than five years' experience in their profession, and at each thereafter two of their candidates. The Department of Education of Saskatchewan shall appoint a board of five examiners from such list. One member of said board shall be appointed for one year, one for two years, one for three years, one for four years and one for five years. Upon the expiration of the term of office of any examiner the said department shall likewise fill the vacancy for a term of five years and until her successor is chosen. An unexpired term of an examiner, caused by death, resignation or otherwise, shall be filled by the department in the same manner as an original appointment is made. The said department with the advice of the board of examiners above provided for shall make rules for the examinations of nurses applying for certification under this Act, and shall charge for examination and certification a fee of \$5 to meet the actual expenses, and shall report annually their receipts and expenditures of the provincial comptroller, and pay the balance of receipts over expenditure to the provincial treasurer. The said department may revoke any such certificate for sufficient cause after written notice to the holder thereof and hearing thereon. No person shall thereafter practice as a registered nurse after such certificate is revoked.

Two examinations are to be held annually at such time and places as pre-

scribed by the department for examination in other professions. Application must be made at least ten days in advance to the department.

Applicants for examination must be residents of the province and graduates of registered training schools. The examination to include both a practical demonstration and a written test which includes questions on the following:—1, elementary bacteriology; 2, elementary materia medica; 3, elementary anatomy and physiology; 4, diet cooking; 5, medical nursing, including gynecology; 7, obstetrical nursing; 8, nursing in children's diseases.

WAIVER OF EXAMINATIONS.

The Department of Education of the Province of Saskatchewan may upon the recommendation of said board of examiners waive the examination of any persons possessing the qualifications mentioned in section 1 who shall have been graduated before, or who are in training at the time of the passage of this Act, and shall hereafter be graduated, who shall apply in writing for such certificate within three years after the passage of this Act.

The board shall have power to register in like manner without examination any person who has been registered as a professional nurse in another province under laws which in the opinion of the board maintain a standard substantially similar to that of this Act.

VIOLATIONS OF THIS ARTICLE.

Whoever becomes registered, or attempts to become registered, or whoever practices or attempts to practice, as a registered nurse under a false or assumed name, shall for each offence be punished by a fine of not less than a hundred nor more than five hundred dollars, or by imprisonment for three months, or by both such fine and imprisonment.—*The Leader*.

SEPTIC SORE THROAT.

Within the past year certain American cities have been visited by serious epidemics of tonsillitis or "septic sore throat," the cause of which has been traced directly to the milk supply.

The first notable outbreak occurred in Boston in May, 1911. Many hundreds of cases developed within a short time in the district known as "Back Bay," and in some of the neighboring suburban towns. Sufferers were mostly adults and old people, while sequelae showing coccus infection, as pneumonia and peritonitis, sent the number of deaths resulting into the hundreds. Investigation by the Board of Health brought out the fact that the first cases reported, and almost all families in the districts affected were using milk from what has long been considered the finest dairy in Massachusetts.

Belief in strict supervision of the health of the herd, modern methods and equipment seemed to warrant the price demanded; so that a surprised community wondered where it should turn when this much lauded "farm" had been found wanting.

It was later explained that although the fancy "farm" had sold milk at a fancy price, not all the milk was from their own dairy, but came from ordinary places in the neighborhood whose aseptic methods had been less advertized. When in February, 1912, another outbreak occurred among customers of the same firm, two hundred odd cases being reported within a few weeks, all

milk was immediately pastuerized at 145 degrees F. for twenty-five minutes; with this the epidemic ceased.

No unpasteurized milk will now be furnished without a special order.

Chicago has had a like experience, the trouble continuing from December to March.

Baltimore reported several hundred cases in February, the type of the disease affecting young children most severely. In these cities also, the infection was traced to a dairy.

We were long ago told to beware of milk as a possible source of typhoid infection, and in spite of the great "Koch" we have feared the tuberculosis cow, but of late years our first, and what must often be our only standby as nourishment, seems to be blamed for a good share of our "thousand ills."

If the gentle cow could only tell of her dirty and often diseased milkers: of freshly drawn milk left uncovered in unventilated stables to absorb odors and the floating particles of cotton waste, the refuse of factories used for bedding, which escape the ordinary strainer and add to the specific gravity.

For milk conditions like these we must seek the Jonah. Therefore, the need of an Inspector who will inspect and take nothing for granted, using unremitting vigilance in a duty where omission may sacrifice the public health.

HELP FOR STAMMERERS.

At the suggestion of Superintendent Brooks of the Boston School Board, Professor O. H. Ennis, of New York, recently started classes for the cure of stammering. One hundred and forty children presented themselves at one school house. Professor Ennis explained the position of the throat and tongue in pronouncing the various vowels and consonants, and the way in which the difficulty in pronunciation could be overcome. Many of the most confirmed stammerers repeated words readily after Professor Ennis had pronounced them. Four to ten lessons will, it is claimed, cure the most obstinate case.

THE UNCUDDLED BABY.

My mother is sensible, that's what they say,
She's bringing me up in a practical way;
But though I am sure it's the very best style,
I wish she would cuddle me once in a while.

For all by myself in my crib I must lie,
I just get so lonesome, I cry and I cry;
"It's good for his lungs," mother says with a smile.
I wish she would cuddle me once in a while.

A child is a problem, that's what the folks say,
I'm being brought up in a sensible way;
Of course mother knows what's the very best style—
I wish, though, she'd cuddle me once in a while.

E. D. Y.,

Nurses' Journal of the Pacific Coast.

THE TORONTO GRADUATE NURSES' CLUB.

Another forward move towards improving the social condition of the lives of those who follow the nursing profession in the city was made on the evening of May 6th, when the new club-house of the Toronto Graduate Nurses, at 295 Sherbourne street, was formally opened under happy auspices. The ceremonies were of a simple character, followed by a reception which was quite a social event in itself, being attended by upwards of three hundred ladies and gentlemen. Nurses, of course, predominated, but many of the most prominent men in the medical profession and their ladies were present.

The new club-house, which has been charmingly decorated and furnished throughout with mission furniture, is the gift of Mr. John Ross Robertson to the nurses of Toronto. In a modest address Mr. Robertson said that when he first took up hospital work, thirty years ago, he cherished the thought that he might some day do something to promote the comfort and happiness of those ladies who followed the profession. Men enjoyed the social life at their clubs, and he saw no reason why nurses should not do the same thing. The Hospital for Sick Children had claimed the most of his attention, and, thanks to the hearty assistance of his co-workers, great results had been achieved. He had succeeded in providing a residence for the nurses of that institution, and at last, in providing a similar home for all the nurses of Toronto.

Mrs. A. H. Paffard, President of the Club, thanked Mr. Robertson on behalf of the members for the generous gift. She called attention to the great part Mrs. Robertson had taken in the furnishing of the club-house and the excellent taste she had displayed. The club would be the home and meeting place of all engaged in the profession. The registry office would be open day and night, so that anyone needing the services of a nurse had only to ring up and would receive immediate attention.

The new home is replete with every convenience for the comfort of the nurses. In addition to the reception, reading, dining and office rooms, some bedrooms have been provided for the use of transient nurses. A large room is available for meetings and social entertainments. The whole has been furnished in mission style, which gives it a cheerful and cosy effect. Miss Annie Robinson is the Superintendent in charge.

The Club desires to enlist every nurse in Toronto as a member. It should be added that this Club is the first of its kind in Canada, and in point of equipment and comfort will bear comparison with any similar institution on the continent.—*Mail and Empire*.

La Garde-Malade Hospitalière claims that the system of nursing originated by Florence Nightingale is the only right system, and adds: To abandon nurse pupils to medical practitioners for their instruction makes pseudo-doctors of them, and if they are given over entirely to the will of the administration, servants are made of them. Only under the system of Florence Nightingale is it possible to avoid this double danger, and to teach them their own special work—true nursing.

THE SCHOOL NURSE.

The regular monthly meeting of "The Public School Nurses' Association" was held on the afternoon of April first at the "Brown Betty Tea Rooms," King street, Toronto. After the regular business was disposed of, final arrangements were made for the nurses' annual "At Home," to be held in the Temple Building, on April 19th.

The School Nurse's position enables her to observe, as perhaps no one else can, the advance mentally as well as physically, of the child who has been a sufferer from enlarged tonsils and adenoids and has had them removed.

One case that came under observation lately was that of a boy, Albert, aged nine, a member of a family of six children. Albert was a typical mouth breather, the result of enlarged tonsils and adenoids. After many home visits the parents consented to have the boy's throat operated on at one of the city clinics.

During Christmas week a seventh child was added to the family, and before it was two weeks old one of the children developed diphtheria. She was taken to the Hospital, but the disease attacked one after the other of the children till all but Albert and the infant were ill, three cases proving fatal.

On the nurse's first visit to the house after quarantine was lifted, the poor mother, in telling her pathetic story, said she felt quite sure the only thing that had prevented Albert from contracting the disease was the fact that his throat had been attended to the previous Fall.

Regina, Sask.—The Outdoor Department of the General Hospital has been opened, and children suffering from adenoids, enlarged tonsils, defective eyesight, etc., can be treated free of charge.

Vancouver, B.C.—During April, 12 children with defective vision were fitted with glasses, 14 had tonsils and adenoids removed, and 169 had treatment for defective teeth.

Two nurses are taking a course in School Nursing—Miss Burritt, Graduate of Seattle General Hospital, and Mrs. Ray, Graduate of Clifton Springs Sanitarium.

One case of defective vision, a boy of fourteen, was particularly interesting. He had attended school for seven years and could not tell one letter from another. He became a member of our auxiliary class for mentally defective children. The teacher watched him carefully and finally concluded that part of his trouble at least was his eyes. It was found, on examination, that he had a high degree of myopia. He was fitted with glasses, and in ten days knew the different letters, and now knows a number of words. We are confident he will yet be able to read, though still mentally deficient. His improvement has been wonderful.—E. R.

The regular monthly meeting of the Public School Nurses' Association was held at the "Brown Betty Tea Rooms," King street, Toronto, on the afternoon of May 6th. The President, Miss Rogers, presided.

In view of the fact that the June meeting will be the last before vacation, it was decided that the meeting take the form of a picnic. A committee has charge of the arrangements.

In West Toronto arrangements have been made which makes the long trip to the Hospital for Sick Children for nose and throat operations unnecessary.

Drs. Perfect, Clendeman, Matheson and Gilmore were very willing to help in this laudable work. The next thing was a place where such operations could be performed, and here Miss Englehart, Superintendent of the Private Hospital on St. John's road, came to our assistance.

She is one of those nurses who is in the profession not for the money she can make out of it, but for the good she can bring to suffering humanity. For the paltry sum of 50 cents each, to cover laundry expenses, she put her operating room, the ward adjoining it, and the services of her nurses at our disposal. Seven cases received attention at this new clinic on April 24th and six more on May 4th.

So far all the parents have been able to pay the stipulated fifty cents, but in cases where even that is too much other aid is forthcoming. In some cases they are allowed to give as they are able, and they think it so great a boon that they are glad to do so.

We hope that the work will go on and that it will be always blessed with good results, and we can only express our great gratitude to those kind hearts who have helped us on the way.—A. M. R.

Miss Edith Macallum, School Nurse, in East End Schools, Toronto, gave a talk to the mothers of St. John's Parish, Norway, on the work in her district, particularly with regard to the mother's relation to medical inspection. The talk aroused much interest among the mothers, as shown by the number of intelligent questions asked the nurse. This was an exceedingly profitable hour, for the sympathetic co-operation of the mothers was secured which will make possible more effective and intelligent work. Miss Macallum has had splendid results in her district, which only comes through faithful service.

The British Journal of Nursing gives the following synopsis of a lecture to the League of School Nurses in London by Dr. Shrubsall on "Temperaments of Children":—

"The lecturer divided the temperaments of children into three categories, viz., the unemotional, the unrestrained emotional, and the restrained emotional.

"He summed up the unemotional child as uninteresting; little trouble as an infant, perfectly placid, sleeps at night, eats everything, never brilliant at school, generally liked because very little trouble.

"The unrestrained emotional was, on the other hand, extremely interesting. The fits of passion, or so-called 'brain-storms,' sometimes verged on epilepsy. This temperament runs in families—such a child not entirely responsible, often good at something, sometimes a genius.

"The more important temperament to deal with was the restrained emotional. A child of this temperament was often considered sulky when probably it was only intensely shy. Such a child is very conscientious, and can be overworked. Symptoms of restlessness, making grimaces, sleep-walking, talking in sleep should be noted and steps taken to find the cause. One should not neglect the parents' statement of any of these symptoms. One had to eliminate all possibilities of affection of the eyes, teeth, etc., being the cause, and it was important to know all about the home conditions.

"The cinematograph was a new factor to deal with. It was found that 90 per cent. of children go to see 'the pictures' once a week.

"This involved a lot of eye-strain, and the topics were exciting.

"Dr. Shrubsall spoke of how much one would expect a child to know at a certain age. He said it was difficult; there was such a wide range of possibility.

"It was important to remember in dealing with children in elementary schools that in a great number of their homes there was no refining influence. The children often were not talked to except to be told to get out of the way, and one could not expect the same intelligence as from children with a good home influence; their intelligence was of a different kind."

CORRESPONDENCE.

Dear Editor,—The newspapers of the smaller towns throughout the country are frequently solicited to insert reading advertisements for the Philadelphia School for Nurses, located at 2219 Chestnut street, Philadelphia, and as it poses as a beneficent and charitable institution, these advertisements are inserted free of charge.

The Visitor of the Pennsylvania State Board of Charities in a report states: "Nothing to be seen worth reporting. No indication of lessons or instruction. Your Visitor cannot commend this institution"; and in a letter says: "This last, places this institution under the head of those we condemn absolutely in our printed report."

It is advisable that the public should know that the young women who enter this school as pupils are sent out after having had the most meagre instruction from incompetent instructors, to nurse in private families for money, 80 per cent. of which is returned to the school treasury. They receive no bedside instruction nor are they under the direction of skilled and competent teachers.

The Chief of the Bureau of Health in his report to the Director of Health and Charities of the City of Philadelphia, says: "I feel that it is an imposition on the public to allow this class of nurses to practice their profession, as the following circumstances connected with these cases of typhoid fever prove conclusively to my mind that these nurses are not properly trained to be entrusted with the noble work of nursing the sick."

The graduates of this school are not accepted by the American National Red Cross Society, nor the Nursing Corps of the Army and Navy; they are not admitted to the Directory for Nurses connected with the College of Physicians, Philadelphia, nor are they recognized by the Pennsylvania State Board of Examiners for Registration of Nurses.

I have given you this information for the reason that poor and ambitious young women, attracted by the advantages set forth in the free advertisements inserted in the newspapers all over the country, with great effort travel long distances to attend this school, in the hope of becoming trained nurses, only to find after entering that they are giving their time and work to an institution which does not educate and equip them for the profession of nursing.

In the interest of these young woman of your locality I would ask that you give this statement as much publicity as possible.

Respectfully yours,

WILLIAM S. HIGBEE, M.D.,

President of the Pennsylvania State Board of Examiners for Registration of Nurses.

Editorial

CRITICISMS THAT ARE HELPFUL.

Criticism that has for its object the improvement of the thing criticized is always commendable and helpful.

"The Canadian Nurse" has repeatedly, in the course of its life, asked for criticisms and suggestions from the nurses with the view to improvement. Many times helpful suggestions and criticisms have been given. Sometimes they have been withheld with the result that misunderstanding has grown into discontent, and interest in the magazine has been allowed to die. This is to be deplored. A question or two could so easily have cleared away the difficulty.

Our thanks go out to those Associations who have given expression to their difficulties and thus have made an explanation possible.

One asks—"Why are the items sent by our correspondent not published? If too late for one issue, can they not be kept till the next?" This is exactly what is done, but the items in this case were not received. The next step is clear—find out why they have not been received.

Be sure all communications intended for the Editor are properly addressed. This is sometimes overlooked.

Another asks—"Why are the items sent about the middle of April not in the April number?" This, of course, is impossible. All material for any number must be in the Editor's hands the first week of the previous month, i.e., material for June issue must be in hand first week in May.

It may be that other Associations are wanting to ask some questions. We will welcome any such, for "The Canadian Nurse" does not want to lose any of its friends through misunderstanding.

REGISTRATION OF NURSES.

Since a law authorizing the State Registration of Nurses has been placed on the Statutes of Ontario, the question of the necessary qualifications of the nurse becomes of paramount importance.

Heretofore any and all Hospitals might conduct Training Schools for Nurses without any supervision or any interference, and grant diplomas to all graduates. These diplomas varied greatly, as was, of course, inevitable. So often a hospital conducts a Training School for purely commercial reasons, the education given the nurse being entirely secondary.

The new Act allows only nurses graduating from hospitals receiving aid under the Hospital Act to register as duly qualified nurses. The regulations which are under consideration will bring about uniformity in teaching and examination. Hospitals where all branches of nursing cannot be taught will enable their pupils to get a full course by affiliation with hospitals where the required branches are taught. Thus a standard will be set and only nurses who can measure up to this standard will have their names enrolled on the Register.

Then it is obvious that women who are thinking of entering the nursing profession should make very careful choice of a Training School. No woman

wants to find that at the end of a strenuous three years she is not eligible for registration. Unfortunately, some have found themselves in just this predicament.

Can something not be done to give these women the information they need to enable them to choose wisely? Here lies work for Provincial Associations, or, in fact, for any Association of Graduate Nurses.

Apropos of the question of choosing a Training School comes a letter from Dr. W. S. Higbee, President of the Pennsylvania State Board of Examiners for State Registration of Nurses, re the Philadelphia School for Nurses, located at 2219 Chestnut street, Philadelphia. The letter appears under "Correspondence" and should be read by every nurse who, in her turn, should pass on the knowledge to intending students. As "this school has drawn a number of its students from Canada, through free advertising granted it by the Canadian papers," we are very grateful to Dr. Higbee for the information furnished.

This letter emphasizes the point we tried to make—the need of disseminating information that will enable young women to make wise choice of a training school in which to be educated for their life work.

Dr. Stewart's paper on "Hospital Affiliation in Manitoba," given in the *Nurses' Alumnae Journal* of Winnipeg General Hospital, is most opportune, for in most of the Provinces of Canada the nurses are organized and are working for State Registration. Closely allied with State Registration of Nurses is the question of Hospital Affiliation. Some scheme must be evolved by which nurses may have a complete training in all branches of nursing in the three years.

Dr. Stewart's paper, which we reproduce in full, will be read with interest by all who are giving thoughtful attention to this subject.

TRAINING SCHOOLS OF CANADA.

The suggestion was made some time ago by a member of the Canadian Nurse Editorial Board that some space be given to information re the Hospitals and Training Schools of Canada for the benefit of intending students. The Directors, thinking the suggestion a good one, prepared a form to secure the desired information. Copies were sent to the Secretaries of the different Provincial Associations, who were asked to secure full information from each Province. So far only two Provinces have sent complete lists. We will be glad to have all forms filled in and returned as soon as possible. If any Superintendent has not received one, the Editor will gladly furnish one on application.

The Hospitals which have no Training Schools in connection we have omitted from the list.

Any further information will be welcomed at any time, as the list, to be really valuable, must be up to date.

THE CANADIAN NURSE FUND.

The interest in this fund is growing. "The Canadian Nurse" for November, 1911, contained a report of the amount then in hand—\$23.50.

Subscriptions received since are as follows:—M. Ewing, Toronto, \$1; J. McNeil, Toronto, \$1; M. J. Kennedy, Victoria, B.C., \$1; L. L. Rogers, R.N., To-

ronto, \$1; Mrs. Saunders, Cobalt, \$2; Ella Baker, Telegraph Creek, B.C., \$4; A. A. Hawley, Fort à la Corne, Sask., \$4; A. Kennedy, Brandon, Manitoba, \$4.50; E. T. Trench, Montreal, \$1; Dr. MacMurchy, \$2; A. R. W. Moore, Telegraph Creek, B.C., \$4; M. Urquhart, Toronto, \$2.

It is encouraging to know that some Alumnae Associations are working to help this fund. One said:—"You will not hear from us till we have fifty dollars." Perseverance means success. We will reach our goal yet.

THE INTERNATIONAL COUNCIL OF NURSES AT COLOGNE.

This great world gathering of nurses bids fair to be the best yet held. The energetic and indefatigable President, Sister Agnes Karll, has left nothing undone that might make the week in Cologne more profitable and enjoyable. Those who have the privilege of taking part in this great triennial reunion are to be congratulated.

The British Journal of Nursing gives these details:—

"As the result of Sister Agnes Karll's visit to Cologne on Congress business, a most representative local committee has been organized. There are on it all the leaders of the different Women's Associations, the Medical Officers of the Municipal and Government Service, the head doctors of the Academy of Practical Medicine, and a large number of men and women of high social position in the city. As Sister Karll says, 'It was a tremendous bit of work to see them all, and it is just once in a human life one dares to do such a thing. I hope everything will go off well now. So that everyone can be invited, the Lord Mayor of Cologne has decided not to have an indoor fête in the Gürzenich, but that the Municipality shall entertain to a reception and concert in the Floral Town Gardens on Monday, 5th August, instead of Sunday, and that the Pageant and Conversazione shall be on Sunday, 4th, evening. All think this arrangement more becoming, as there is a wonderful organ in the Gürzenich, and the music can be suitable. They think it such an almost religious function that no one could object to attend it on Sunday.'"

"On the morning of the 5th the meeting of the International Council will be held in the same magnificent hall. Tuesday and Wednesday will be devoted to the Congress, and on Thursday the trip by steamer up the Rhine to Kaiserswerth, the cradle of Modern Nursing, will be made. Many of questions of interest, especially to the German nursing world, will be freely discussed, of which overwork is one of the most serious. Mrs. Bedford Fenwick will present the Report for Great Britain and Ireland in the International Council meeting. At the Congress Miss Mollett will deal with the Duties and Status of the Matron in the Training School. In Continental hospitals the Nursing Department is often under the superintendence of a Military Director. A paper on Nurses' Hours of Work and Routine will be presented from various countries by way of comparison, and the Trained Nurse and Social Service will be comprehensively given by Miss B. Kent, who for months has been in communication with all sources of information on this most important development. Miss H. Hawkins has got together information concerning Preliminary Training in this country, which will be internationally tabulated by Miss J. C. van Lanschot Hubrecht, of Holland, the Secretary of the International Education Committee of the International Council."

The Guild of



Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M.G.H., 6.15 a.m.
 Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service
 at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Mrs. Messurvy, 37 Church Street.

As the 11th of June, the birthday of our Guild comes round again, the following extract, written for the Anniversary Festival of the Guild some years ago, by the Chaplain-General, may be of interest.

After mentioning some of the service done by the Guild to its members he goes on to say:—"For this and much else that God has given us through the Guild let us thank Him. But our thoughts must not stop at the consideration of our gains. Every possession carried with it its duty, every privilege its obligation. . . . Thus and thus the Guild has helped me; how can I help the Guild? I will name now one only of our debts to the Guild, the first, both in dignity and order, the debt of personal faithfulness to its simple Rule. The Guild as a spiritual power is, on the human side of it, but the product of the characters and lives of its members. To be neutral is impossible, we make or unmake the body to which we belong; our faults disable and discredit it, our virtues add to its influence and prestige. It is a spiritual house, of growing use and beauty just in proportion as we, the individual stones which are being built into it, are spiritually fit. And the type of spiritual fitness is set for us in the Apostolic description of our holy Patron, 'a good man and full of the Holy Ghost and of faith.' (Acts 11:24.)

"On the Feast of St. Barnabas, or on one day as near to the Feast as may be, we are to make our Communion 'for the intention of the Guild,' that is to say:

"1. As an act of thanksgiving for the gifts of God to the Guild during the past year.

"2. As an act of re-dedication of the Guild and of ourselves to the service of God and of those who suffer.

"3. As an act of supplication for His guidance, blessing, and protection through the coming year.

"God grant us all the grace of a good Communion, and many happy returns of the day."—*Misericordia*.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Miss Mina Rodgers, General Hospital, Niagara Falls, Ont.; Second Vice-President, Mrs. W. S. Tilley, Toronto; Recording Secretary, Miss Ina F. Pringle, 164 Cottingham Street, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss L. L. Rogers, 908 Bathurst Street, Toronto.

Board of Directors—Miss L. C. Brent, Hospital for Sick Children, Toronto; Mrs. Paffard, 81 Grenville Street, Toronto; Miss K. Mathieson, Riverdale Hospital, Toronto; Miss A. J. Scott, 11 Chicora Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Jean C. Wardell, 97 Delaware Avenue, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss Ewing, 569 Bathurst Street, Toronto; Miss E. R. Greene, 130 Dunn Avenue, Toronto; Miss Butchart, 563 West Bloor Street, Toronto; Miss Jamieson, 23 Woodlawn Avenue East, Toronto; Miss DeVellin, 505 Sherbourne Street, Toronto; Miss Barnard, 608 Church Street, Toronto; Miss Kimmett, 853 Bathurst Street, Toronto.

Convenors of Standing Committees—Legislation, Miss Paffard; Revision of Constitution and By-Laws, Miss A. J. Scott; Press and Publication, Miss L. L. Rogers; Representative to The Canadian Nurse Editorial Board, Miss Jamieson.

The regular monthly meeting of the Executive was held on Wednesday, May 1st, at the Toronto Graduate Nurses' Club, 295 Sherbourne street. There were twelve members present.

There were fourteen applications laid before the Committee, all of which were from nurses in Hamilton. There were ten from the same city last month. This the Executive considered very encouraging, and the Hamilton nurses were congratulated on their enthusiasm and success.

The Treasurer reported \$440.38 in the bank.

The question of the financing of the Chapters was introduced, and it was decided that 50 per cent. of the fees received for April and May be returned to the Treasurer of the Chapters. This will be submitted to the annual meeting, which will decide the procedure for next year.

"Should the Chairman be a member of the Executive" was also discussed. The Executive was unanimous in thinking she should be. This will necessitate some changes in the by-laws, but these cannot now be made this year. Final arrangements for the annual meeting in Hamilton were made.

Members are reminded that fees for 1912-13 are now due.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL

President, Miss B. M. Simpson, Assistant Superintendent, Hamilton City Hospital; Vice-President, Mrs. Newson, 87 Pearl Street North; Recording Secretary, Miss M. E. Dunlop, 175 Charlton Ave. East; Corresponding Secretary, Miss E. F. Bell, Night Supervisor, Hamilton City Hospital; Treasurer, Miss A. Carscallen, 64 Emerald St. South.

Executive Committee—Miss L. O. Watson, 423 Main St. East; Miss C. E. Flock, 238 Robert St.; Miss A. E. McDermott, 10 Stinson St.; Miss M. McEachern, 143 James St. South; Miss M. L. Hannah, Mountain Sanitorium.

Regular meeting first Tuesday, 8 p.m.

Miss L. McLeod is enjoying a well-earned rest at her home in Guelph.

Miss G. Price has returned to the city to do private nursing, after having spent the last few months in Toronto.

The friends of Miss F. Torrey will be pleased to hear she is now convalescing after having recently undergone a serious operation.

Miss Griffin is taking a special course in Grace Hospital, Detroit.

Miss Dow has accepted the charge of a ward in the Women's Hospital, New York City.

Miss Liddy is visiting in Hamilton, but expects to return to Winnipeg by the end of May.

A tablet has been erected at the Nurses' Residence, City Hospital, by the Board of Governors, in memory of Mrs. Mary McLaren House, inscribed:—

“This tablet is placed in memory of Mary McLaren House, Superintendent of Nurses for many years in this Hospital, and as a tribute to her exemplary courage and sympathy in discharge of duty. MCMXII.”



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

Established 1895.

Incorporated 1901.

President—Miss Phillips.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison Street.

Registrar—Mrs. Bureh, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 112 Mansfield Street, first Tuesday, 8 p.m.

The regular monthly meeting of the Board of Directors of the C. N. A. was held in the reading room on May 6th. In the absence of Miss Phillips, Miss Colquhoun presided. Miss Colley and Miss De Brisay were appointed to represent the C. N. A. at the International Congress of Nurses in Cologne, and Miss Colquhoun will represent the Association in the interests of Registration at the Canadian Society of Superintendents of Training Schools for Nurses in Hamilton, May 23rd and 24th.

At the close of the meeting the Directors adjourned to the Castle Blend tea-rooms and enjoyed a social cup of tea together in honor of Miss Colley, who leaves with her sisters on June 1st for an extended trip abroad.

Miss Phillips, our President, has been detained at Watertown, N.Y., by the serious illness of her father.

Miss Rebecca Moffatt, who has been operated upon for appendicitis at the R. V. H., is, we are glad to report, recovering slowly.

Miss Forteseue, who has been elected to fill Miss Colley's position as Secretary, was also asked to take her place as representative to the Women's Local Council.

Miss Sara Fraser has gone to Richmond, P.Q., for a holiday.



CHIEF SUPERINTENDENT'S REPORT

(Continued from May)

Montreal, which is almost synonymous with expansion, again gives an excellent account of herself. And, in the report of that district, we have to mark increases in volume of work accomplished, expansion in kinds of work undertaken and in area covered, as well as a systematizing of the management of the district in its entirety. The staff has increased from 40 to 51 nurses. They attended 6,246 patients during the year and made 69,189 visits, an increase of 13,694 visits; 3,078 of these were night calls. There has been a process of consolidation going on in the districts; the thirteen have been grouped into five large ones, viz., Central, Point St. Charles, Maisonneuve, Westmount and Notre Dame de Grace. The clerical work some time ago was put in charge of an experienced stenographer, and it has been found necessary to give her an assistant. The school and tuberculosis work go on as usual. In the schools, more than twice the number of nurses are needed to cope with the work. In the eight Protestant schools inspected last year, 20,362 children were examined, and 2,151 home visits paid. One of the nurses during the year gave a course of lectures on First Aid to the staff and students of the School of Household Science and the Normal and Junior Schools at Macdonald College, Ste. Anne de Bellevue, and a similar course was given to the St. John's Ambulance Association at the Y. W. C. A. The work of the Order in connection with Child Welfare work is worthy of note. In conjunction with the Local Council of Women and the Foundling Hospital, the Victorian Order undertook the supplying of pure milk to sick and delicate babies, at the beginning of the summer. A number of milk stations were opened, with V. O. N. nurses in charge. The milk is prepared in the laboratory of the Montreal Foundling Hospital, the nurses distribute it at the stations, instruct the mothers and visit the babies in their homes. The results have been most gratifying. A very good feature of this work in Montreal is that now the work is kept up during the whole year, though the calls are not nearly so many in the fall and winter months as in the summer. Montreal is one of the Training Centres of the Order and a splendid course of lectures on the live subjects in the nursing world have been given by experts during the year. The city is preparing for a Child Welfare Exhibit during 1912, and everything is being done to keep our nurses posted on all of the important points

in connection with such a subject. The district nurse holds in her possession the means of acquiring first-hand definite information as to insanitary conditions, overcrowding, bad housing, etc., and for that reason district nurses are important factors in every campaign for a clean, healthy and happy people. The Montréal branch is looking to the future and have just purchased a larger central Home, which can accommodate twenty nurses.

The Grand Mere district had a very heavy year, owing to the typhoid epidemic, during which some five nurses were employed at one time on the district. The returns show that 3,428 visits were made during the year, as against 505 of last.

In the Maritime Provinces, the reports are all good. The St. John branch has increased its staff—employing three nurses—and a V. O. nurse is still employed by the Anti-Tuberculosis Association there.

In Halifax a good, steady advance in work and interest is to be noted. A fourth nurse has been added to the staff.

The rapid growth in Sydney—Sydney and Whitney Pier—was noted last year, and, this year, there is a still greater increase to report. During the year 1911, 344 patients were cared for, as against 158 in 1910, and 3,505 visits were paid, as against 1,774, an increase of almost 100 per cent.

Truro is doing well, as usual. Some 200 more visits were made than the year before and the Board are considering the question of starting school inspection there.

One word must be said about the insurance nursing. Two years ago some doubt was expressed as to the advisability of an organization like the Victorian Order taking up this work, but, judging from the results, there can no longer be any doubt about the wisdom of the Board of Governors in allowing this work to be undertaken by the local branches, many of which have taken it up and, in every case, the report has come in that the results have been satisfactory in every way. It has increased the Order's usefulness among the two large classes the Order was organized to care for, viz., the very poor and the people of moderate means.

That is the story for the year but, besides, we have learned much during the year as to the needs for nursing service of the people in various parts of the Dominion, and as to the best way to cope with these needs. And each year the wisdom of the Board of Governors in insisting on fully trained nurses for the varied branches of the V. O. activities is brought home to us, and not a little good has been done by the Order in influencing other countries in this particular.

Again, the Order emphasizes the fact that the best way to meet the needs of the people in the outlying parts of Canada for adequate nursing is to form local associations for this purpose in the large country districts. In the most central spot possible in each there will be a small nursing home, with accommodation for at least two nurses and one or two emergency patients, so that in each of these districts there may always be a bright, sweet, clean spot, where an accident or maternity case may be taken and receive skilled care. One nurse would look after the Home and the patients in the immediate neighborhood, while the second nurse would take the more distant cases. These Homes, dotted all over the prairies and in the rural districts throughout Canada, will be little

educational centres, as well as nursing centres, in which would be taught the simple truths of sanitation and hygiene, thus carrying out the preventive principle of the Order, in addition to its curative principle.

Once more we would thank the V. O. committees throughout the Dominion for their good work in their respective districts, for their appreciation of the nurses' services and for the manifold little kindnesses shown to them. We choose the nurses very carefully, and send them out to the various committees, sure that they will be kindly dealt with and encouraged at all times to hold themselves in loyalty to the Order whose representatives they are.

To our nurses we would again express our appreciation of their continued loyal service. Not a little has been demanded of them, and, with very few exceptions, we have found them loyal to the Order, ready to make sacrifices when necessary and fully realizing that on them depends much, for to them is entrusted the fair fame of the Victorian Order of Nurses.

All of which is respectfully submitted.

MARY ARD. MACKENZIE.

A post-graduate course in district nursing—four months is given at one of the training centres of the Order—Ottawa, Montreal, Toronto, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 478 Albert Street, Ottawa; 29 Bishop Street, Montreal; 206 Spadina Avenue, Toronto, or 1300 Venables Street, Vancouver, B. C.

HOSPITALS AND NURSES.

Miss Carrie Miltin, Kingston, Ont., has gone to Stratheona, Alta., for a three months' holiday.

Miss O. Standish and Miss Fraser, Graduates of Vancouver General Hospital, are in charge of the Hospital at Merritt, B.C.

Miss Morris, one of the Staff Nurses of the General Hospital, Fernie, B.C., has gone to Melville, Sask., to be Superintendent of the Municipal Hospital in that hustling little town.

Mrs. Clode, who has been on the staff of the Woman's Hospital, New York, has accepted a position in South Highland's Infirmary, Birmingham, Alabama. Her duties begin on May 1st. Mrs. Clode's many Canadian friends wish her every success.

Miss Margaret Moag, Graduate of Kingston General Hospital, who has been Assistant Superintendent of the Tuberculosis Sanitarium, Detroit, has been appointed Superintendent of the "Sir Oliver Mowat" Tuberculosis Hospital at Kingston, Ont.

Miss E. G. Flawes, Graduate of Toronto General Hospital, who has for several years been Superintendent of the Butterworth Hospital, Grand Rapids, Michigan, has been appointed Superintendent of the new Wellesley Hospital, Toronto.

Miss C. McLennan, member of School Nursing Staff of Toronto, who recently suffered from a street car accident, has resumed her duties.

The Montreal General Hospital Alumnae Association was able to add \$1,200.00 to its Sick Benefit Fund as a result of the bazaar. The Association is to be congratulated on its success.

Miss Elizabeth C. Jamison, of Mount Holly, N.J., a Graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been engaged for the mechanical department of the Hotel Chamberlin, Old Point Comfort, Va.

Mrs. Effie R. Hatfield, of Lumberton, N.C., a Graduate of the Highsmith Hospital Training School for Nurses, Fayetteville, N.C., Post-Graduate New York Polyclinic Hospital, later Superintendent C. C. Hospital, Sanford, N.C., after completing the courses of instruction at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been placed in charge of the Central Carolina Hospital, Sanford, N.C.

The Woman's Hospital Aid of Kincardine, held a most successful bazaar on Friday, April 12th, when \$200.00 was added to the treasury. The ladies of Kincardine and vicinity vied with each other in making the bazaar a success and they are to be congratulated on the result of their efforts.

Miss M. McColl and Miss Morrison, Graduates of the General Hospital Sarnia, Ont., have completed the Post-Graduate Course at the Woman's Hospital, New York. Miss Morrison is Night Supervisor at Dr. Bull's Sanatorium, New York, and Miss McColl is doing private nursing in that city.

Miss Gallagher (Lady Stanley Institute) formerly in charge of the Jubilee Hospital, Vernon, B.C., has taken the post of Assistant Superintendent at the Vancouver General Hospital. It is rumored that Miss Gallagher will probably succeed Miss Macfarlane as Lady Superintendent of the V. G. H.

Miss Lillie Jones, one of the best-known nurses in Ontario, died at the Victoria Hospital, London, Ontario, on April 23rd. Miss Jones was formerly Matron at the London Hospital for the Insane, and, when taken ill last October, was employed at the Penetanguishene Asylum. She was a native of Terry, Mississippi, but had spent most of her life in Canada. Her reputation as a most capable nurse was won during twenty-two years in the Ontario Government service. In addition to London and Penetanguishene, she had held responsible positions at Brockville and Hamilton.—*The Globe*.

Miss Smith, Graduate of Royal Victoria Hospital, Montreal, is Lady Superintendent of the General Hospital, Calgary, Alta.

Miss Saunders, President of the Calgary Graduate Nurses' Association, has gone to Nova Scotia for a year. Miss Dewa, First Vice-President, is taking her place.

Mrs. H. E. Steward (née Miss Andrews), Vancouver, has been spending a month visiting her friends in Calgary.

The regular monthly meeting of the Kingston General Hospital Alumnae

Association was held Tuesday, April 2nd, at 3 p.m. At the close of the meeting the Graduating Class of 1912 were asked to spend a social hour with the members, when the President, Mrs. Crothers, gave a little talk on the work of the Alumnae, after which refreshments were served.

Miss Willoughby, Superintendent of Nurses of the Kingston General Hospital, has resigned her position and intends taking a course in the Military Hospital, Halifax.

The annual dinner given by the Alumnae Association of the Royal Victoria Hospital, Montreal, to the Graduating Class, was held on the evening of the 17th April, in the Nurses' Home of that institution, and was in every way most enjoyable. There were about eighty-five present, including the Graduating Class, which numbers thirty, and representatives of all the classes since 1896, when the first class graduated. The reunion of all these was very pleasant. A telegram was read from the Misses Wright and Drake, of the Rockford Hospital, Illinois, and a message from Miss Domville, of Rothesay, N.B., and many far distant, we are sure, thought lovingly of the old R. V. H. and those gathered there that night. The toasts were given as follows: "The King," Miss Grant; "The Governors," Miss Archibald; "The Doctors," Miss Cole; and "Absent Friends," in a very delightful speech by Mrs. Stanley. Everyone was so very glad to have Miss Gilmour present, as it is some time since she has been able to be at this dinner, she gave the toast to the Graduating Class in a very happy speech. The decorations in the dining room were daisies and smilax, which looked very springlike and pretty. After the dinner an hour was spent in dancing and pleasant chat in the sitting room of the Home, and every Graduate and the ones who are soon to be graduates, felt that they had one more pleasant memory to add to those they already have of their Alma Mater.

The last meeting of the Alumnae Association of the Royal Victoria Hospital for the season of 1911 and 1912, was held on the evening of April 24th. The meeting was informal and given over to the discussion of business of various kinds. The idea was spoken of and received by those present with enthusiasm, that each member try to raise during the summer the sum of five dollars towards the Sick Benefit Fund. A resolution of sympathy with two of the members, Miss Prescott and Miss Gladwin, in the loss which they have both lately met with by the death of their mothers, was moved and seconded, and the Secretary requested to send copies of the same to them. A motion was also passed expressing regret at the tragic death of one of the Governors of the Hospital, Mr. C. M. Hays, who went down with the ill-fated Titanic; a resolution of sympathy was sent to Mrs. Hays.

The Graduate Nurses' Association of New Westminster, B.C., gave a most enjoyable dance on Primrose Day, April 19th. The evening was a great success. The proceeds go towards the Fund for Registration of Nurses in British Columbia. The Association, which is not much more than a month old, is to be congratulated on the enterprise and activity of its members.

Miss A. Macfarlane, Lady Superintendent of the Vancouver General Hospital, has resigned, the resignation to take effect on the 31st of May. To those

who trained under and worked with her, it will seem impossible to fill her place. She will be very greatly missed by all "her girls."

St. Catharines, Ont.—The regular monthly meeting of the Alumnae Association of the Maek Training School, St. Catharines, was held at the Nurses' Residence on Wednesday, May 1st. The President, Miss Tuck, presided. There was a good attendance. One hundred and twenty-five dollars was voted to furnish a room in the new hospital.

Miss G. M. Elliott, Graduate of the Maek Training School, has accepted the position of Night Supervisor in the Memorial Hospital, New York.

Miss Margaret Hughes has returned to Helena, Montana, after spending two months in Chicago.

Miss Sweet has accepted a hospital position in St. Louis.

Miss Albright has returned to her work in St. Catharines, after spending the winter in Tennessee.

Miss La Rue is taking a four months' course in Mount Sinai Hospital, New York.

The annual meeting of the Montreal General Hospital Alumnae Association was held on April 12th, 1912. The following officers were elected:

President, Miss Ethel Brown; First Vice-President, Miss F. M. Shaw; Second Vice-President, Miss K. H. Brock; Recording Secretary, Miss Strumm; Corresponding Secretary, Miss Lee; Treasurer, Miss Tedford; Executive Committee, The Misses Young, Louise Stewart, Watling, Jean Wilson and Ketchen; Registrar, Miss M. V. Young.

Miss F. M. Shaw, R.N., M.G.H., has gone to Ste. Agathe, Que., for the summer.

Miss Day and Miss Kate Wilson, M.G.H., have gone to their homes in Scotland for the summer.

Miss E. A. J. Wilson, M.G.H., has returned to Montreal after an absence of several years.

The Victoria Nurses' Club gave its annual ball in the Alexandra Club on Tuesday evening, April 23rd, when the spacious ballroom was crowded with nearly four hundred guests. The fact that this was the first dance held after Easter, combined with the splendid reputation of the nurses as hostesses, assured the success of the function. The music was in the able hands of Miss Thain, who, assisted by a large orchestra, played a number of the most popular dance tunes in her customary manner, while the smoothly-polished floor left nothing to be desired. The members of the Nurses' Club were distinguished by the badge of the club worn on their arm. The supper room was beautifully arranged with masses of wild lilies and daffodils, the decorations having been in the artistic hands of Mrs. Charles E. Wilson. The following ladies formed the Floor Committee: Miss E. H. Jones, President of the Nurses' Club; Miss Maenaughton Jones, Miss Clarke, Miss Turner and Miss Morrison; while the Refreshment Committee consisted of Miss Goward, Mrs. Graham, Miss Campbell and Miss Mouat.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held in the new Hospital building at 3.30 p.m., Friday, May

3rd, the President in the chair. There was a good attendance. After the routine business. Dr. Carveth gave a short lecture on "Germs," afterwards taking the nurses to see some of the cases which illustrated his lecture. Miss Cooper was appointed as Delegate to the Convention in Hamilton on May 24th. Tea was served and the meeting adjourned.

The regular monthly meeting of the Heather Club was held in the Residence, Hospital for Sick Children, on Tuesday, April 16th, at 3.30 p.m., the President, Mrs. Clutterbuck, in the chair. For the benefit of new members the object of the club was explained and future work discussed. Miss Brent gave a very interesting address on the work, past and present, the need of more social service workers and the definite need of a winter home for the children. Through the kindness and generosity of Mr. Robertson and Miss Brent the Heather Club has been relieved of the care of the Pavilion at the Island during the summer.

The monthly meeting of the Florence Nightingale Association, Toronto, was held at the Graduate Nurses' Club, 295 Sherbourne street, on Tuesday, May 7th. The President, Miss McKenzie, presided. Mrs. Beale gave an interesting address on "The Nurse's Work From the Patient's Standpoint." At the close Miss Urquhart entertained the members to tea. The next meeting will be held on Tuesday, June 4th, at 8 p.m.

The regular monthly meeting of the Alumnae Association of Toronto General Hospital was held in the Nurses' Residence, on Friday, May 3rd, at 3.30 p.m. Miss Christie, First Vice-President, presided. It was decided that the entertainment for the Graduating Class would take the form of a picnic this year. Final arrangements were left in the hands of the Executive Committee. The members had the privilege of listening to a most interesting address by Miss Holman, R.N., Social Service Worker of the Hospital. The great need of this work was clearly shown, as Miss Holman told of what she had been able to accomplish and of the possibilities of the work as it grows. The address was much appreciated by those present, the only regret being that there were not more to hear it.

Fort William, Ont.—The regular meeting of the Graduate Nurses' Association of Thunder Bay District, for April, was held at the home of Miss Maclean, Port Arthur. It was entirely social and was much enjoyed.

The May meeting was held at the Nurses' Residence of the McKellar Hospital, Fort William. The attendance was not good owing to bad weather and stress of work.

Miss O'Shaughnessy resigned her position as Treasurer and Miss Guiry was appointed in her place.

Mrs. Williamson has returned from Sydney, N.S., where she spent the winter.

Nicola Valley General Hospital, Merritt, B.C., was officially opened on April 30th, by the Hon. H. E. Young, Provincial Secretary.

Mr. Alexander Lucas, member of the Provincial Assembly for the Yale riding, was also present and took a prominent part in the proceedings.

On arriving at the Hospital the guests were received on the verandah by Dr. Williams, the Medical Superintendent, and Miss Standish, the Matron, and a cursory inspection of the interior was made. On his return to the balcony, Mayor Reid publicly welcomed the Hon. Dr. Young to the city.

Giving as it did notice of a Provincial grant of \$1,000 to the Ladies' Auxiliary of the Hospital, the reply of Dr. Young was received with great enthusiasm.

Winnipeg.—The annual meeting of the Manitoba Association of Graduate Nurses was held in the Nurses' Home of the Winnipeg General Hospital, March 26th, at 4 p.m. After the routine business the election of officers took place and resulted as follows:—President, Mrs. K. A. Cotter; First Vice-President, Mrs. Hugh McKay; Second Vice-President, Miss Bowman, Portage la Prairie; Recording Secretary, Mrs. Willard Hill; Corresponding Secretary, Miss B. Andrews; Treasurer, Miss Alice Andrew. The year has been fairly satisfactory and ends with forty-eight members in good standing. Expenditure, \$25.95; cash in bank, \$67.80.

It was decided to make the May meeting a social one, as this will be the last until September.

The annual meeting of the Winnipeg General Hospital Nurses' Alumnae Association took place in the drawing room of the Nurses' Home, May 1st, 3.30 p.m. After the usual business the balloting for officers for the coming year took place with Miss Gent and Miss Attrill acting as scrutineers. Miss Wilson, Lady Superintendent, W.G.H., is Honorary President; Miss Hood, was re-elected President by acclamation; First Vice-President, Miss Jean Matheson; Second Vice-President, Miss May Montgomery; Secretary, Miss M. F. Gray; Treasurer, Miss A. M. Forest; Convener Social Committee, Mrs. Bruce Hill; Convener Lookout Committee, Miss Minnie Frost; Convener Sick Visiting Committee, Mrs. A. T. Hawley; Registry Committee, Miss Hood, Miss Lamont, Miss Gilroy. Miss Bertha Andrews was reappointed Registrar for the coming year.

The year was voted the most successful in the history of the Association. The meeting adjourned to the library for refreshments and a very social half-hour was spent.

Miss Eaton, who has been Lady Superintendent of Ninette Sanatorium for some time, resigned to take charge of the City Tuberculosis Hospital for Incipient Cases.

Miss Fanny Walker, W.G.H., Class '07, has gone to Ressington, Indiana, to visit her parents.

Miss Struthers, Class '09, W.G.H., has given up her position in the Hospital at Trail, B.C., and intends doing private nursing in Vancouver.

Miss Gilroy has been appointed assistant to Miss Bradshaw in the Social Service Department of the Winnipeg General Hospital.

Miss Rathbone, the pioneer Anti-Tuberculosis Nurse of Winnipeg, has resigned her position as Head Nurse of the Anti-Tuberculosis Society, and after a well earned rest with friends in Virden, will take the position of Lady Superintendent at Ninette Sanatorium.

Miss Louise Newcombe, W.G.H., Class '11, has been appointed Miss Rathbone's successor.

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Swedish Movements, Medical and Orthopaedic Gymnastics

ORIGINAL SWEDISH (LING) SYSTEM OF MASSAGE

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ELECTRO-THERAPY

The electrical department is thoroughly equipped with galvanic, faradic batteries, coils for High Frequency, Sinusoidal currents, X-Ray work, Static Machines, Bachelet magnetic wave, etc.

HYDRO-THERAPY

Pupils are taught the use of Electric Light, Dry Hot Air Baths, Dr. Baruch's hydriatic table; we have all facilities for the administration of the various full and medicated baths, half baths, packs and other hydriatic procedures. Schott exercises are taught in connection with the Nauheim Bath. Nebulizers, Vibrators, Frazier-Lentz Baking Apparatus, local and general Blue Light Baths, Solar, Leucodescent Lamps, Bier's Hyperaemia and various other apparatus are thoroughly demonstrated and used in practical work on patients.

Theoretical and practical instruction. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Separate male and female classes. Diploma. Particulars and illustrated prospectus upon application.

Summer Class opens on July 9, 1912

Fall Classes open in two sections, on September 17 and November 12, 1912

INSTRUCTORS

DANIEL M. HOYT, M.D. (Demonstr., U. of Penna.)

HOWARD A. SUTTON, M.D. } (Instructors Univ.

ELDRIDGE L. ELIASON, M.D. } of Pennsylvania.)

FRED D. WEIDMAN, M.D. (Demonstr. Woman's College of Phila., Univ. of Penna.)

WM. ERWIN, M.D., (Hahnemann and Rush Med. Coll.)

LOUIS H. A. VON COTZHAUSEN, Ph.G., M.D. (Grad. Phila. College of Pharmacy, Med. Dept. Univ. of Penna., Penna. Orthopaedic Institute.)

MAX J. WALTER, M.D. (Univ. of Penna., Royal Univ.-Breslau, Germany, and Lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila.-Hospital for Women, Cooper Hospital, etc.) Philadelphia General Hospital (Blockley).

HELENE BONDORFF (Gymnastic Institute, Stockholm, Sweden.)

LILLIE H. MARSHALL } (Pennsylvania Orthopaedic Institute.)

EDITH W. KNIGHT }

MARGARET A. ZABEL (German Hospital, Philadelphia, Penna. Orthopaedic Inst.)

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SAL LITHOFOS is of value in restoring the organism to a normal state in a very short time. Sal Lithofos by virtue of its saline aperient qualities is of distinct service in the treatment of cirrhosis of the liver and its attendant disorders.

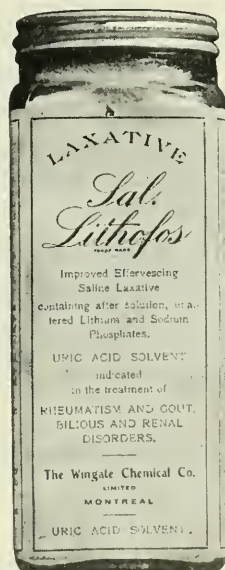
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Miss Morrice, Head Nurse, Fernie Hospital, has resigned to take the position of Lady Superintendent in Melville, Sask.

Miss Isabel Gauld has returned to the city after a visit to her sister in Watrous, Sask.

Miss Jean Matheson is at present in San Antonio, Texas.

Miss Victoria Winslow resigned her position in the City Scarlet Fever Hospital, and has gone to Medicine Hat to fill the Lady Superintendent's position in the Hospital there.

Miss M. C. Stephens is filling the position vacated by Miss Winslow.

Miss Spooner and Miss Davis are leaving Winnipeg for Vancouver, B.C.

Niagara Falls, Ont., is to have a new Hospital to cost \$30,000, which will be modern in every detail of arrangement and equipment. The building is to be completed by next spring.

The General Hospital, Orillia, will hold its third Graduation Exercises on Friday, May 10th.

The first Graduating Exercises of the General Hospital, Kincardine, Ont., were held on the evening of May 8th, when three nurses received medals and diplomas—Misses McGaw, McCreath and Racecraft. Mr. E. Miller, President of the Hospital Board, presided. Other addresses were given by Rev. Mr. Davis, Rev. H. A. Wright, Rev. Mr. McArthur, and Dr. Kennedy, of Wingham. Dr. McCrimmon addressed the Graduates. Miss Gibson also addressed the nurses and those employing nurses, closing her very neat address by awarding the medals.

The diplomas were presented by Lieut.-Col. Hugh Clark, late President of the Hospital Board. Miss Rinker contributed a piano solo and Miss Bartlett a recitation, "Leetle Bateese." Mrs. McCrimmon, on behalf of the Ladies' Auxiliary, presented the Graduate Nurses, and Miss Shewfelt, nurse in training, with beautiful bouquets.

Subsequently refreshments were served in the banquetting room and an event of more than usual importance was over.—*Kincardine Review*.

The regular monthly meeting of the Central Registry Committee was held at the Toronto Graduate Nurses' Club (now the home of the Central Registry), 295 Sherbourne street, on Wednesday, May 8th, at 3 p.m. Miss Ferguson, the Convener, presided. There were nine members present.

The Registrar's report showed 279 calls for April, and \$1,803.87 in the bank. Four applications were considered and accepted, making a membership of 407.

Miss Nie, Graduate of Amasa Wood Hospital, St. Thomas, Ont., and Post-Graduate of Woman's Hospital, New York, has accepted the position of Assistant Superintendent of the Lady Minto Hospital, New Liskeard, Ont.

Neave's Food

Has for more than 85 years been the Standard INFANTS FOOD in Great Britain, and has been the foundation diet of many thousands of infants who have grown into healthy and robust men and women.

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President, Kate Madden, R.N., City Hospital Hamilton; First Vice-President, Mary Ard Mackenzie, R.N., Chief Superintendent Victorian Order of Nurses, Ottawa; Second Vice-President, Jane Craig, Superintendent Western Hospital, Montreal; Treasurer, Louise C. Brent, Hospital for Sick Children, Toronto; Secretary, Alice J. Scott, R.N., 11 Chicora Avenue, Toronto. Auditors—Zeda Young, Mina Rodgers. Councillors—Jane Craig, Mrs. Lyman, M. Y. E. Morton, Mina Rodgers, Mabel F. Hersey, Mary A. Snivley.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

Hon. P. President, Miss Rowan, Supt. of Nurses, Grace Hospital; President, Miss DeVellin, 505 Sherbourne St.; First Vice-President, Miss A. Carnochan; Second Vice-President, Miss P. Wood; Secretary, Miss I. Sloane, 154 Beverley St.; Assistant Secretary, Miss M. E. Henderson, 434 Markham St.; Treasurer, Miss A. M. Comley, 31 St. Mary St.;

Board of Directors—Misses Etta McPherson, Cordingley, Worden, Cunningham and Noble.

Social Committee—Misses Blewett, Stephens and J. H. Russell.

Convenors of Committees: Sick Visiting—Miss Pearen, 434 Markham St. Programme—Miss Hunter, 566 Sherbourne St.. Press and Publication—Miss L. Smith, 9 Pembroke St.

Representatives on Central Registry Committee—Misses Knight and Hawley, 71 Grenville St.

Representative "The Canadian Nurse"—Miss Rowan.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Julia Stewart, 12 Selby St.; First Vice-President, Miss M. E. Christie, 19 Classic Ave.; Second Vice-President, Miss Brerton, General Hospital; Recording Secretary, Miss Janet Neilson, 295 Carlton St.; Corresponding Secretary, Mrs. Aubin, care of J. W. Flavell, Esq., Queen's Park; Treasurer, Mrs. E. M. Feeney, 39 Grove Ave.

Board of Directors—Mrs. Bailey, Miss Field, Miss Florence Ross.

Conveners of Committees—Sick Visiting, Miss Purdy; Registration, Miss Bella Crosby; Social and Lookout, Miss Kilgour; Programme, Miss Tweedie; Central Registry, Miss W. Fergusson, Miss C. A. Mitchell.

"The Canadian Nurse" Representative—Miss Lennox, 107 Bedford Rd.

Regular meeting, first Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President, Miss Connor, 853 Bathurst St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Mrs. W. J. Hohlstein, 175 Walmer Rd.; Secretary, Miss O'Meara, 9 Pembroke St.; Treasurer, Miss Thompson, 9 Pembroke St.

Board of Directors—Miss Greene, Hospital for Incurables; Miss Reilly, 9 Pembroke St.

Representatives on Central Registry Committee—Miss Power, 9 Pembroke St.; Miss Weyer, 853 Bathurst St.

Representative "The Canadian Nurse"—Miss Stubberfield, The Home Hospital, 64 Gloucester St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, St. Michael's Hospital.

Regular meeting, second Monday, 3 p.m.

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THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Miss Brent; President, Miss Lina Rogers, 908 Bathurst St.; First Vice-President, Miss M. Ewing, 569 Bathurst St.; Second Vice-President, Miss Clarke, 627 Church St.; Recording Secretary, Miss Hill, 105 Roxborough St. E.; Corresponding Secretary, Miss Teeter, 498 Dovercourt Rd.; Treasurer, Miss Charters, 425 Carlton St.

Directors—Miss E. Jamieson, Miss Goodall, Miss G. Gowans.

Convener of General Business Committee, Miss Ewing, 569 Bathurst St.; Convener of Sick Visiting Committee, Miss G. Gowans, 5 Dupont St.; Press Representative, Mrs. H. E. Clutterbuck, 148 Grace St.; Canadian Nurse, Miss Hill; Central Registry, Miss McCuaig, 7 Bernard Ave.; Miss Gray, 505 Sherbourne St.

Regular meeting, second Thursday, 3.30 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss J. G. McNeill; Secretary, Miss Annie Daig, 86 Maitland St.; Treasurer, Miss M. Fogarty, corner Pape Ave. and Gerrard St.; Executive Committee, Misses Hallett, McFadyen, Stretton, Mannering and McLellan.

Conveners of Committees—Sick Visiting, Miss Hallett; Programme, Miss McFadyen.

Representatives on Central Registry Committee—Misses Pigott and Semple.

Representative "The Canadian Nurse"—Miss J. G. McNeill, 505 Sherbourne St.

Regular Meetings—First Thursday, 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, R.N., 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, R.N., 113 Delaware Ave.

Board of Directors—Misses Pringle, VanEvery, R.N.; Hunter, Hoyt, Hebu, Mrs. Valentine, and Mrs. Wigham.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Pringle.

The Canadian Nurse Representative—Miss VanEvery, R.N., 116 Fermanagh Ave.

Regular meeting, first Tuesday.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Bell, Lady Superintendent; President, Mrs. MacConnell, 125 Major St.; First Vice-President, Miss Cooper, 30 Brunswick Ave.; Second Vice-President, Miss Kelly; Recording Secretary, Miss Moore; Corresponding Secretary, Miss L. Bowling, 77 Winchester St.; Treasurer, Miss Mary Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Coady, Miss Cooney.

Registry Committee—Miss Anderson, Miss Baker.

Board of Directors—Miss Davis; Mrs. Yorke, 400 Manning Ave.; Miss Cooper, 30 Brunswick Ave.

Programme Committee—Misses Fee, Moore and McDermid.

The Canadian Nurse—Miss M. Butchart.

Regular meeting, first Friday, 3.30 p.m.



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District Nursing. By Mabel Jaques, Graduate of the Hospital of the University of Pennsylvania, with an introduction by John H. Pryor, M.D. Price, \$1.00 net. The Macmillan Company of Canada, Ltd., Toronto.

Miss Jaques has given a brief but interesting history of this very important branch of nursing, and this makes a valuable contribution to nursing literature. A District Nurse herself for seven years, she knows whereof she speaks.

The rapid development of the work, the necessary qualifications of the successful worker, as well as the broad field to be covered are clearly dealt with. Problems of organization are discussed and much helpful advice given.

The nurse who, prompted by "the desire to aid in the crusade for the betterment of humanity" wishes to enter this great field of work will do well to make herself acquainted with this volume.

Lessons on Massage. By Margaret D. Palmer, formerly Masseuse and Manager of the Massage Department of the London Hospital, and Instructor of Massage to the Nursing Staff; a Founder of and Examiner to the Incorporated Society of Trained Masseurs. Fourth Edition. Price, 7/6 net. Ballière, Tindall & Cox, 8 Henrietta Street, Covent Garden, London, publishers.

The writer has here, as the title indicates, published her lessons in book form, with a view to giving the pupil a valuable text-book and, later, a handy book of reference.

The first chapter contains a Short History of Massage, dating back to 3000 B.C. The second deals with the Theory of Massage, which the student must thoroughly grasp in order to do intelligent, successful work. The whole subject is carefully and minutely explained in this book of 292 pages. There are 118 illustrations, including two colored plates.

The Magic Garden. Stories for Children at Home and at School. By Alice M. Chesterton. This book belongs to the Moral Instruction Series issued and recommended by the Moral Education League, 6 York Buildings, Adelphi, London, W.C., England. 1/6 net.

"Character training is an important part of the education of the modern child." The stories in this book are intended for children of nine and ten years of age, and the idea of talking flowers, used throughout, presents the truth to be taught in a way that is interesting to children. Some of the themes in the twenty-eight chapters are manners, humaneness, justice, truthfulness, courage, order, perseverance, etc.

Teachers and others dealing with children will find this book helpful and practical. Those wishing further information about the books of the series should write to the Secretary Moral Education League, 6 York Buildings, Adelphi, London, W.C., England.

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Superintendent of Hospital—W. W. Kenny.

Superintendent of Nurses—Violet L. Kirke.

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Graduate Nurses on Staff—Ten.

Pupil Nurses—Thirty-two.

Term of Training—Two years.

Branches of Training—Medical, Surgical, Gynecological and Children's Diseases.

Hospital—Children's Hospital, Halifax.

Established—1909.

Superintendent of Hospital and Nurses—F. M. Fraser, R.N.

Number of Beds—Twenty-six.

Graduates Nurses on Staff—Two.

Pupil Nurses—Three.

Term of Training—Three years.

Branches of Training—Medical and Surgical.

Hospital—Nova Scotia Hospital, Dartmouth.

Established—1854. Registered—1860.

Superintendent of Hospital—Dr. W. H. Hattie.

Superintendent of Nurses—Harriet Sampson.

Graduate Nurses on Staff—Ten.

Number of Beds—Four hundred and twenty.

Pupil Nurses—Forty.

Term of Training—Two years.

Branches of Training—Medical, Surgical, Care of Insane.

Hospital—Halifax Infirmary, Barrington Street, Halifax.

Established—1908.

Superintendent of Hospital and Nurses—Sister Francis Joseph.

Number of Beds—Thirty-five.

Graduate Nurses on Staff—Three.

Pupil Nurses—Nine.

Term of Training—Three years.

Branches of Training—Medical, Surgical, Obstetrical.

Hospital—St. Joseph's Hospital, Glace Bay.

Established—1902. Registered—Halifax.

Superintendent of Hospital and Nurses—Janet E. Cameron.

Number of Beds—Ninety.

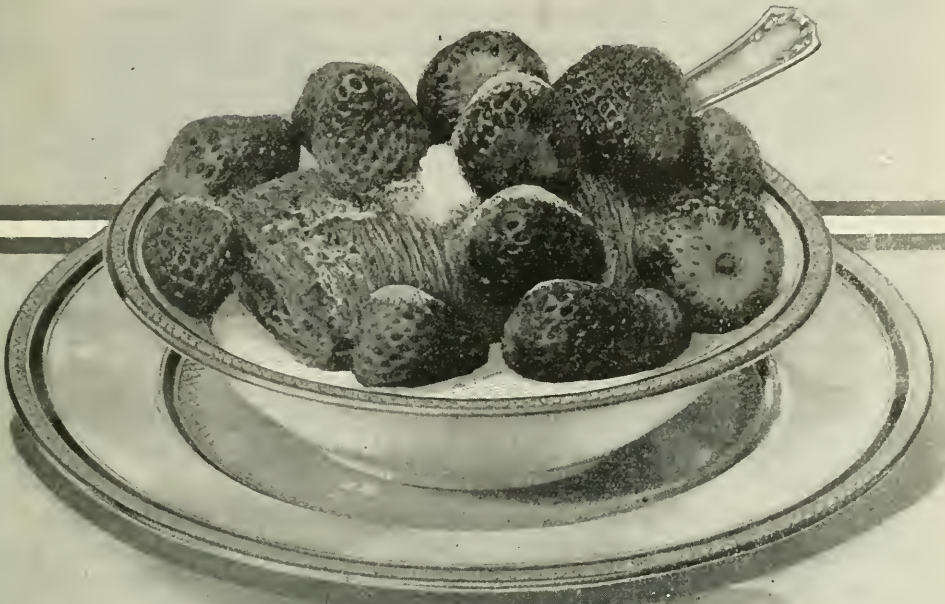
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Heat one or more Shredded Wheat Biscuits in the oven to restore crispness; then cover with strawberries (or other berries) and serve with milk or cream, adding sugar to suit the taste.

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MARRIAGES.

BLACKWOOD—PARKES—At Christ Church, Vancouver, B.C., Miss Parkes, Graduate of the Middlesex Hospital, England, to Mr. Blackwood, of Armstrong, B.C.

DAWSON—SMITH—At North Parkdale Methodist Church, Toronto, on April 10th, Miss Nora Smith, Graduate of Grace Hospital, Toronto, to Dr. Fred Dawson, Maple Creek, Sask.

CANNIFF—CLARK—On April 3rd, in Knox Church, Woodstock, by Rev. R. B. Cochrane, Miss Alberta Clark, Graduate of the Hospital for Sick Children, Toronto, to Mr. H. F. Canniff, Toronto.

Mr. and Mrs. Canniff will reside at the Northern Apartments, 755 Yonge street, Toronto.

STEPANY—MEARS—In Bellefair Methodist Church, on April 20th, Susie Mears, Class '04, Riverdale Hospital, Toronto, to William Stepany, of Saskatoon.

Mr. and Mrs. Stepany will live in Saskatoon.

DAWES—LASH—In St. James' Square Presbyterian Church, Toronto, on April 20th, Stella Maud Lash, Class '04 Riverdale Hospital, Toronto, to Bennett Dawes, of Montreal.

Mr. and Mrs. Dawes sailed on the Mauretania for England.

SHERRATT—BRAMMEL—At Port Arthur, Ont., on April 24th, Miss Brammel, to Mr. S. Sherratt.

Mr. and Mrs. Sherratt will reside in Fort William.

PREPARE THE BABIES FOR HOT WEATHER.

During the month of June it is not a bad plan for the physician to take mental "stock" of the babies under his care, especially such as are bottle-fed, with the general idea of recommending such treatment as will tone up and vitalize those whose nutrition may be below par, so that they may enter the trying summer months in the best possible condition to ward off or withstand the depressing influences of extreme heat or the prostrating effects of the diarrheal disorders of the heated term.

Careful attention to feeding is, of course, a *sine qua non* and the details of the infant's nourishment should be carefully investigated and regulated. But this is not all. Many bottle-fed babies are below standard from a hematologic standpoint. The marasmic anemic baby deserves special attention in the way of building up and restoring a circulating fluid which is deficient in red cells and hemoglobin. In the entire *Materia Medica* there can be found no direct hematologic quite as suitable for infants and young children as Pepto-Mangan (Gude). In

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Aquea destil. q. s. ad	oz. I

Met Sig. Use as a spray every hour or two.

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for Invalids*

In times of sickness and ill-health, the natural digestive organs are nearly always deranged, consequently the digestive functions become entirely inadequate.

Failure to digest any food taken into the stomach means failure to supply nourishment when it is most required.

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Benger's prepared with milk is a complete Food in the form of a dainty and delicious cream, rich in all the elements necessary to sustain life. It is well known to medical men and is approved by them. There is no real substitute for it.

Every lady having the care of an invalid, will learn much that is valuable to know in the new Booklet, just published by the proprietors of Benger's Food; among other things, it contains a variety of invalid recipes, prepared to relieve the monotony of medical diet, which becomes very irksome to invalids. A copy will be sent post free on application to

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addition to its distinctly pleasant taste, this hemic tonic is entirely devoid of irritant properties and never disturbs the digestion of the most feeble infant. Being free from astringent action, it does not induce constipation. A few weeks' treatment with appropriate doses of Pepto-Mangan very frequently establishes sufficient resisting power to enable the baby to pass through the hot summer without serious trouble, gastro-intestinal or otherwise.

SPRING CLASSES IN MECHANO-THERAPY.

The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green street, Philadelphia, Pa., wishes to announce the opening of the Summer Classes on July 9th. This institution has been engaged in teaching scientific Mechano-Therapy since over twelve years, and has established in this time a record unequalled by any other school in this line in this country. Scientific Mechano-Therapy has to-day become a necessary branch to scientific medicine. The instruction is thoroughly practical and theoretical. We have over eight hundred graduates in the United States and Canada in well-paying positions who can testify to the efficiency of our courses. Quite a number of these have taken instruction along these lines at other similar institutions and have frequently gladly testified to the superiority of our instruction. More than ten thousand mechanical treatments are given at this institution every year, besides the large number of hospitals to which our students are sent to assist in the mechanical departments assures the students large practical experience. We have placed a large number of our graduates in well-paying institutional positions or have advised them about the proper places to establish a lucrative practice. Anyone interested in Physiological Therapeutics is advised to write to the above institution for further information.

CONVALESCENCE FROM THE EXANTHEMATA.

The first two or three months of the year are usually characterized, in the experience of the family physician, by the occurrence in his practice, of a crop of cases of the contagious diseases of children, especially scarlet fever, measles, German measles, etc. This is accounted for by the readiness with which contagion is spread in the schools, when ventilation of the school room is the least perfect and the closer housing of school children during school hours favors the distribution of communicable diseases. As the diseases in question are self-limited in nature, expectant and symptomatic treatment, together with precautions as to isolation, etc., is about all the physician is called upon to direct. It is well known, however, that in all but the mildest cases, the adolescent subject of scarlatina, or measles, is usually more or less debilitated or devitalized, when convalescence is established. Special care should be taken to avoid the administration of any tonic or reconstituent which is likely to disturb the child's digestion or, by inducing constipation, to minimize the appetite or desire for food.

Pepto-Mangan (Gude) is the ideal reconstructive tonic for these young patients, because it is pleasant to the taste, easily tolerable by the stomach and readily assimilable by blood and tissue and promptly efficient in restoring appetite, strength, color and general well-being.

THE CANADIAN NURSE

*A MONTHLY JOURNAL FOR THE
NURSING PROFESSION IN CANADA*

Vol. VIII.

TORONTO, JULY, 1912

No. 7

The Ninth Annual Meeting of the Graduate Nurses' Association of Ontario

Y.M.C.A. Hall, Hamilton, Ont., May 24, 1912

Ten o'clock a.m.

The President, Miss Crosby, in the chair.

The meeting opened with the Nurses' Prayer.

The roll call was dispensed with, as the names had already been registered.

Moved by Mrs. Tilley, seconded by Miss Ewing, that the minutes be taken as read.

Addresses of welcome from Miss Simpson, President of the Alumnae Association of Hamilton City Hospital, and Miss Smith, Chairman of the Hamilton Chapter.

Madam President and Ladies:—

On behalf of the Hamilton Nurses' Alumnae Association, I wish to welcome you to our city. For sometime we have been looking forward to the pleasure of having you with us and we sincerely hope you will enjoy your visit here and that you will return to your varied positions with renewed enthusiasm for this great work in which we are all engaged.

You will be hearing so many excellent addresses that it is not necessary for me to speak to you at greater length. I would merely repeat that I wish you all a very hearty welcome.

Madam President, Ladies:—

It gives me great pleasure to extend to you a hearty welcome on this occasion of your Ninth Annual Meeting. I welcome you in the name of the Hamilton Chapter of the Graduate Nurses' Association of Ontario, a Chapter which is merely in its infancy, being exactly three months old to-day, and is, I believe, your first branch.

We are glad, indeed, of the privilege of being able to form a Chapter. We expect great things from our organization. First, perhaps, a unity between home graduates and resident graduates from other hospitals which could never be accomplished without something of the kind. Those of you who have nursed away from your "Alma Mater" town know the feeling of strangeness at first, a feeling that is apt to remain altogether too long a time, there is always "our method" and "what method do you adopt?" This will be greatly overcome by the forming of the G. N. A. O. Chapters; they will make the nursing body of Ontario "ONE" all over the Province. I welcome you as one of these outside

hospital graduates, who has felt this growing unity and appreciated it. By this organization, Ontario nurses will become broader in their outlook and stronger in the fulfillment of that outlook. We will come in contact with the best ideas the Province affords and be better able to cope with the growing needs of our country, a country that is so immense in its acreage, and so rapid in its development, a country that will need and is needing an efficient body of nurses to keep abreast of the times.

In looking over the programme one cannot help being impressed with the broadness and comprehensiveness of the work covered by the subjects tabulated and by their importance to this Canada of ours. It makes one feel that we are merely on the edge of things and that for us there is a great future ahead and that there is no problem too large but what we women as nurses can help to solve.

We in Hamilton expect to enjoy this Annual Meeting and to derive great benefit from it. We welcome you to our city most heartily and in sincerity, and we hope to have many opportunities of doing so again in the future.

President—The Graduate Nurses' Association of Ontario is very proud that the first Chapter has been formed, and that it has been formed in Hamilton. We have no more enthusiastic members of our Association than the Nurses of Hamilton. It was a very great gratification to us when the first Chapter was formed here.

We appreciate these hearty words of welcome, and on behalf of the Graduate Nurses' Association I express our deep gratitude to these ladies. We didn't need to wait until this morning for this welcome, they looked after us from the moment we came to the city. We certainly appreciate it all.

Secretary's report was read.

RECORDING SECRETARY'S REPORT.

It is with great pleasure that this Ninth Annual Meeting of the Graduate Nurses' Association of Ontario convenes in Hamilton. Your beautiful city, situated as it is in "The Garden of Canada," possess many attractions particularly at this season of the year. But our chief delight at this time is our privilege of being the guests of the nurses of Hamilton, who have shown such a splendid professional spirit in all their work. The first Chapter of the Graduate Nurses' Association of Ontario has been organized here. And we wish to heartily congratulate the nurses of Hamilton for this, and wish them every success, and we hope this next year may see many other Chapters organized.

The Association is to be congratulated on the fact that the Registration, for which it has long hoped and worked for, is now an established fact. This section appears in the new "Hospital Act."

"Training schools for nurses may be conducted at hospitals receiving aid under this Act, and when such regulations in relation thereto, as may be prescribed by the Lieutenant-Governor-in-Council, have been observed; Graduate Nurses of such training schools may be entitled to registration in a register kept for that purpose, under the direction of the Provincial Secretary; and a person so registered may be designated a 'Registered Nurse.'"

A Committee was appointed to confer with the Provincial Secretary in regard to such regulations.

Ten meetings of your Executive were held during the year; all of which were fairly well attended.

A special meeting was called on the evening of November 22nd to hear Miss Mackenzie's explanation of the work of the Dominion Registration Committee.

Mr. Ludwig, the lawyer in charge of our Bill for Registration in Ontario, was also present.

At the last Annual Meeting, held at Niagara Falls, Ont., it was decided to

present this Bill at the next Session. But when a new Government was appointed, we were advised not to present it at the first Session.

We were asked to appoint two members for the Dominion Registration Committee, and Mrs. Pafford and Miss Bella Crosby were appointed.

Resignations were received from Miss Mary Gray, Treasurer, and Miss Elizabeth Ross Greene, Recording Secretary.

Both were asked to reconsider their resignations, but declined. The Association expressed appreciation of their faithful services during their term of office.

Miss L. L. Rogers was asked to act as Treasurer, and Miss I. F. Pringle as Recording Secretary.

On request of Miss Brent for assistance on behalf of Mrs. McEvoy, an aged Florence Nightingale nurse, the Executive decided that thirty dollars annually be paid in December by the Association during Mrs. McEvoy's lifetime; which amount maintains her for a month. Miss Charlotte A. Aikens has charge of this fund.

Assistance was asked for Settlement Work in Ward; and for the work of the Christian Temperance Union, in furnishing Working Girls' Club.

The Executive now holds its meetings in "Toronto Graduate Nurses' Club House," 295 Sherbourne St., Toronto., which has kindly been given to The Graduate Nurses of Toronto by Mr. John Ross Robertson. We feel it is a great honor to have such a beautiful Club House for our headquarters, and hope all Graduate Nurses will become shareholders and enjoy all the comforts of this Club.

The Association subscribed for The Canadian Magazine through National Council of Women—copies to be sent to Toronto Graduate Nurses' Club.

Mrs. Clutterbuck was sent as our delegate to the annual meetings of the Canadian National Association of Trained Nurses held in Toronto, April 4th, 1912.

During the year our President, Miss Crosby, visited the Associations at Kingston, Montreal, Ottawa, Peterboro and Hamilton, in the interests of registration. I am sure it must be a great satisfaction to her and the other nurses who have been so faithfully and energetically working for Registration in Ontario, that a beginning has been made.

"Sairy Gamp" calendars were issued to augment funds for registration work, and nurses asked to assist in sale of same.

The question of financing the Chapters was brought up at the Executive meeting in May, following our President's visit to the Hamilton Chapter at its April meeting. It was decided to refund 50 per cent. of the fees received during April and May.

We have now a paid-up membership of 278. New members received during the year, 48. Ballot papers posted, 228. Ballot papers returned, 85.

Respectfully submitted,

INA F. PRINGLE.

Moved by Miss Pringle, seconded by Mrs. Clutterbuck, that the Secretary's report be adopted. Carried.

Financial Statement for Year Ending May 24th, 1912

RECEIPTS.

May 24th, 1911—Balance in bank	\$298.26	
Fees for year	\$212.00	
Calendar and post card receipts..	300.92	
Donations B. M. Henderson for		
Registration Fund	5.00	
Bank interest	10.00	528.12
		<hr/>
		\$826.38

DISBURSEMENTS.

Grip Publishing Co. (calendar plate, etc.)	\$200.00	
Canadian Nurse (advertising)	25.00	
Commercial Press (printing)	19.75	
Stamps for President, Secretary and Treasurer...	24.10	
Bank exchange50	
Auditors	6.00	
Canadian National Association dues	24.10	
Canadian National Association (delegates' fee)...	2.00	
Local Council dues	2.00	
Local Council for new settlement	5.00	
Rent for club rooms	15.00	
Canadian Magazine subscription	2.50	
McEvoy Fund	30.00	
Miss Crosby, travelling expenses—		
Boston, \$27.00, less \$8.00 London	19.00	
Montreal	6.50	
New York	12.00	
E. N. Jackson, reporting Convention (May, 1911) ..	6.50	
Rebate to Hamilton Chapter	12.00	
Provincial Secretary fee	1.00	
		<hr/>
	\$402.95	
Balance in bank	\$422.43	
Balance on hand	1.00	
		<hr/>
		\$423.43

\$826.38

LINA L. ROGERS, R. N.,

Treasurer.

I have examined the Cash Book, Bank Book, and Vouchers for year ending May 24th, 1912, and certify that this statement is in agreement therewith.

T. W. ELLIS,

Auditor.

President—There is something about which I would like the expression of the Annual Meeting before the adoption of that report, and that is the financing of the Chapter. There is provision made in our Constitution and By-Laws for the Secretary and Treasurer of the Chapter, but when it came to the financing of the Chapter we were face to face with a difficulty. We didn't want the members to pay a second fee to the Chapter, and the question was brought up at our Executive Meeting. The decision was arrived at that 50 per cent. of the fees be returned to the Treasurer of the Chapter. As that was not provided in our By-Laws, we could merely take that action for the time being. I want to have an expression of opinion as to whether you think that is correct or not.

Mrs. Pafford—Article 10, in the last clause, says members are to pay an annual fee of 10 cents a member.

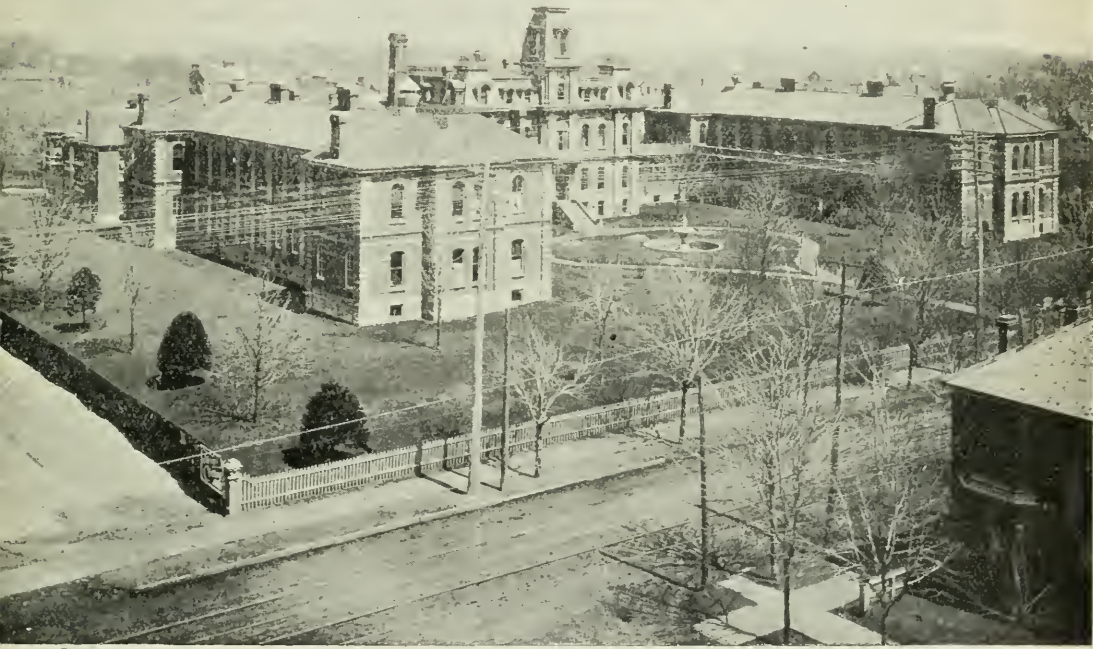
President—“Affiliated societies” mean societies outside of Ontario.

Mrs. Pafford—What was the idea of returning the 50 per cent.?

President—We don't want to make members pay a dollar to the Chapter and to the parent society. According to our By-Laws the fee must come into the general treasury. We thought the best way of overcoming the difficulty was to return a percentage of the fee for the work of the Chapter.

Mrs. Clutterbuck—Could we hear how the Chapter feels?

Miss Smith—That matter was brought up at our last meeting. Of course, it would be very nice if we don't have to pay an extra fee—that would discourage



Hamilton City Hospital and Nurses' Home. (Courtesy of Superintendent.)

the work. We have no idea, however, how much it would take to run the Chapter. (Motion carried.)

President—There is one or two thoughts that I would like to give you before we go on with the reports of the Committees. In looking over our work for the past year, and the work of our Association up to the present time (we are all pretty well acquainted with what has been done), I don't think that any member can really be satisfied with what has been accomplished in our Association. We have not anything like all the Nurses in Ontario members of our Association, and, in order to be a strong body that really has any weight, or can really take hold of any work and do it with any sort of strength or effectiveness, we must have a better membership. According to the Secretary's report we number 278, and that is not even half the Nurses of the Province. In fact, I think we have 500 Nurses in Toronto alone, and you have some 50 or more here.

So I think that every member should during the coming year see what she can do to strengthen our Association and increase our membership so as to make our body an effective force for the betterment of the profession all along the line. Then the formation of the first Chapter should be an impetus to the Nurses of the different centres to form Chapters in these centres. We have Nurses from Peterborough, Kingston, St. Catharines, and a number of the other cities in our Province. You have heard about the formation of the Hamilton Chapter. Will you not try to form Chapters in your own city and let the Graduate Nurses' Association be strengthened in that way? The result of all this better organization will be the development of a better professional spirit, and I think we need that. We are the members of a profession and must have high ideals for that profession. Let us ever work towards them, and as we attain to one ideal let us set something higher, and never be quite content with our attainments while we are in the profession and have the strength and courage to work on.

One of Mrs. Robb's remarks struck me very forcibly. She said, "One must see visions and dream dreams before great facts come into existence." We must have a vision of what our profession will be, and never think there is nothing that you can contribute. There is not a Nurse in the profession that cannot help materially. So let us see that we do our duty faithfully, courageously and all the time during this coming year.

I would like to ask for the report of the Committee on Revision of Constitution and By-Laws. (No report.)

Any report from the Press and Publication Committee. (No report.)

The report from the Legislation Committee.

REPORT OF LEGISLATION COMMITTEE.

Madam President and Ladies:—

As convener of the Legislation Committee, I beg leave to report that while our Committee is not yet in a position to bring in a report of any legislation fully accomplished at this date, your Committee has not by any means been idle during the past year.

Sufficient has appeared in the press to indicate to you that the active campaign of this Association for the past few years is at last impressing the Provincial Government with the necessity of undertaking legislation in the direction of registration. An amendment to the "Hospital Act," passed at the last session of the Legislature, is now receiving the careful consideration of the Government, and but for the pressure of other important work on the officials in charge, your Committee had hoped to have been able to announce to this meeting an important advance in the cause for which this Association has been laboring from its inception. We have no doubt that at our next Annual Meeting we will be in a position to congratulate ourselves upon the accomplishment of some measure of protection to the profession in the Province of Ontario.

Respectfully submitted,

AGNES M. PAFFARD,

Convener.

Moved by Mrs. Pafford, seconded by Miss DeVellin, that this report be adopted.

President—This report opens up the question of Registration which was discussed with such vim last night, and now I think we should take this opportunity to get an expression of the Graduates Nurses of Ontario on this subject. We know that the clause which has been embodied in the Hospital Act is not all that we hoped for by any means, and it seems very inadequate to cover the ground that we want to cover, but the fact remains that that is embodied in an Act which has been passed by the Legislature, and it seems to me to be the duty of the Graduate Nurses now to see that that is turned to good account in their behalf.

We don't want those regulations to be made by anyone but Nurses. (Applause.) No matter what branch of nursing we may belong to, we are all Nurses—whether we are Superintendents, School Nurses, or District Nurses, we are all one in the profession, and we want to stand together for the very best we can get in the way of registration. I don't think that anyone could have read that clause without being surprised to think we had this thrust upon us whether we wanted it or not, but the fact remains that it is there, and the lawyer who has guided us through the affairs of legislation so far advises us to take this and seek to have it amended at the next Session of the Legislature, but, in the meantime, this clause must stand; we can not ignore it, because we would be doing a detriment to our profession. We should make the very best of this weapon that has been put in our hands. Does anyone wish to make any remarks on this subject of registration? (Silence.)

If not, perhaps you would do as you did before, leave the matter in the hands of your Executive to do the very best for the Association that is possible. The adoption of this report has been moved and seconded. What is your pleasure? (Carried.)

Miss Brent—I think there should be more expression of opinion.

President—I asked for an expression of opinion and nobody responded. Perhaps you will lead, Miss Brent.

Miss Brent—I have some suggestions I was asked to make to the Superintendents' Society, but they were not ready last night.

President—Perhaps you would read them to us. (Applause.)

Miss Brent—While I feel quite as strongly as anybody can on the indignity that has been offered to us, I feel that we must look at it in as mild a way as possible and not attribute motives to people when we cannot say they are there. We only have an idea that Mr. Hanna is not fair, or Dr. Smith is not fair. If they refuse to entertain our recommendations then we can get up and say we absolutely refuse that Bill. I think that is the only thing we can do. (Applause.) It is a law. We may be able to make good regulations. We have a gentleman's assurance that he has no unfair motive in this. I told Dr. Smith, "It looks fair on the face of it." He said, "What do you mean?" I replied, "I was told to be on the watch." He simply laughed and said, "I have absolutely nothing but the good of the Nurses in my mind." I suppose we could only take any gentleman's assurance of that and act accordingly. If they refuse our recommendations we can get up as a body and say, "We will never register." Does that seem fair? (Yes; applause.)

There has been a great deal of discussion on the other side as well as here about the standards, and there is a great deal of difficulty. New York doesn't seem able to do anything. They all seem turned upside down, and, further, you all know if you read some of the magazines that a graduate of a New York Hospital, who has been in a position in Illinois, has been turned out because her school does not come to the standing of Illinois, notwithstanding the fact that she has worked as a Superintendent in Illinois. That seems to be absolutely unjust on the face of it. They may possibly turn me out of Toronto. I graduated from a school after two years' training, so that I don't come up to the requirements, it might be said.

This Committee was formed from the American Superintendents' Society, with such men as Dr. Hurd on it, who has always stood for the best, and Miss , so that they realize that their difficulties are as big as ours.

PRELIMINARY EDUCATION.—Minimum, 1 year in High School, or its equivalent. The Superintendent of Training School to decide this

PROFESSIONAL TRAINING.—Three years in General Hospital, with at least 25 beds, where all branches are taught (medical, surgical, obstetrical and children), or affiliation for these subjects.

EXAMINATIONS.—To be conducted simultaneously in all Training Schools of Province—Uniform Examination Papers to be prepared by Board and sent to schools same as Departmental Examinations are conducted, viz.:—Papers prepared by Board, sent to each school which provides proper supervision of pupils who are writing, answers all sent to Board for final decision:—Examinations in practical work and oral examinations to be conducted by staff of school and results reported to Board. Examinations to be held at least once a year.

BOARD.—Composed of five or seven nurses who have not less than five years' experience in the profession after graduation.

SERVICE ON BOARD.—So arranged that all do not change at once (some for five years, some for three years, and some for two years.)

NURSES.—Already having R. N. or equivalent standing, allowed to register. (Board to decide this.)

APPOINTMENT OF TRAINING SCHOOL INSPECTOR.—This should be a qualified nurse who knows what the requirements of a Training School should be.

PROVISION for revoking certificate if any cause arise.

PROTECTION OF R. N.—Punishment for false representations to Board or public.

WAIVER.—To allow all graduates of recognized hospitals, who received their training prior to the coming of this Act into force in 1912, if acceptable to the Board, to register.

When we interviewed Dr. Smith we brought out that people should be punished for unlawfully using the "R. N." (Applause.)

Mrs. Fournier—In view of this fact that Miss Brent has brought out, that the American Hospital Committee has formed this Committee for searching ways and means, I might tell you that they are not satisfied with registration on the other side, and they are making strenuous efforts to-day to change their form of registration. This very same Committee has asked for a paper from me, because I suggested certain lines of registration different from what they are taking up. I had some suggestions along those lines ready to suggest to the Superintendents last night. If I might make some such suggestion here, it might make some difference. I don't like to give it to them first; I would like Canada to take the initiative. (Applause.)

President—It is very kind of Mrs. Fournier to offer us this paper. What is the wish of the Association Shall we have it? (Applause.)

Mrs. Fournier—This paper was prepared to read at the discussion last night. You will forgive me if it is not worded altogether to suit the present occasion.

Madam President, Members and all those interested in the Registration of Nurses:—

The suggestions I am about to offer, are quite different from those usually given by the promoters of Registration for Nurses. The all-important question is, "Why do we want registration?" Is it for selfish motives or is it that the sick and suffering public may be better cared for? Surely the latter. If we register only our best and most efficient nurses, will the sick and needy receive the more efficient care we hoped for? No, for there would not be enough Registered Nurses to take care of one-tenth of our sick. How are the nine-tenths to be benefited unless we increase the efficiency of all nurses. Can registration do this? Yes, I think it can, if it be made extensive enough to cope with the army of women who nurse.

The Educational Department control all teachers by a system of grading. Why not follow their example and grant permits, licenses or certificates, according to the nurse's knowledge and fitness? This is not copying the form of registration in operation on the the other side, but why not lead this time?

Let them follow us, and they will, if we accomplish more with our registration than they can with theirs. Canadian nurses are recognized leaders of nurses over there, and why not prove our leadership and ability to lead in this all-important matter of registration.

Canada licenses those who practice Law, Medicine, those who teach, fish, hunt, peddle or team, and even those who keep a dog. Why not those who nurse for hire? Surely it is more important to see that the person who cares for the sick, is in some manner, prepared to do so, than it is to inspect a man's wagon to see that it is capable of carrying a box before a license to team is granted, and a man who charged to carry that box without the license would be fined.

We need not yield our standards; instead, we can raise our standard higher than even New York has dared to set. A first-class teacher's standard is not lowered because a third-class teacher's certificate is issued by the Department.

Let us have three classes of registered nurses—First, Second and Third. Each class representing a certain set standard of education and professional experience. First Class, a nurse with a college or university education, plus the most efficient training it is possible to arrange in our training schools to-day.

Second Class. A nurse with a High School education, plus the training that most of our General Hospitals are giving to-day.

Third Class. A nurse with, at least, a general Public School education who may have trained in one branch of nursing or in a training school with only sufficient ability to prepare the nurse for private work.

Let us arrange that Third or Second Class registered nurses may become First Class if they so desire, by providing post-graduate courses and securing from our Education Department, the necessary extension courses. Even our correspondence schools for nurses might become valuable to us, as a profession, if they prepared the educational courses necessary for our nurses who desire to forge ahead. A nurse could take her course in mathematics, etc., while doing private work, or, rather, between cases and during vacation, and even we Superintendents of Nurses, would not object to a nurse-in-training, making up some educational shortages, through their agency, providing they did not attempt to teach *nursing*.

Each class could take the regular examinations now provided by the Department of Education, Entrance Examination, Junior Leaving, or Matriculation, and so on. About the only additional examiner needed, would be one in Hospital Training, providing the training schools were under proper inspection by the Department.

It is not my intention to give details of a system, but simply to suggest the advisability of the grading of nurses and the control of all those who nurse for hire.

As leaders of the nursing profession, we should not remain indifferent to the care nine-tenths of our sick are receiving. And here, I think, our regularly organized local Health Board can and will come to our assistance.

I am sure they can arrange to examine credentials and applications of the women who would do what they can in the sick room. These women, as a rule, do not wish to pose as Graduate Nurses, but they want to earn a livelihood and prefer this work, and surely there are plenty of calls for their help.

A fisherman must know the fishing laws or he gets into trouble. Why not insist on these women knowing something of health laws before they are granted a permit to nurse. A text book might be written for these women and our local Health Boards could question them and grant, first, a one-year permit. (Our Health Boards could furnish blank forms to the doctors and patients whom this woman cares for during the year and insist on their return to the

office at the end of the year. The so-called nurse then has some sort of record and a five years' permit might then be issued and at the end of five years, a life permit might be granted, providing the applicant met the necessary requirements to obtain it.

These women who are willing to serve in this manner could be taught. We instruct our mothers in the care of babies and so forth. We hold classes in first aid to the injured. Even our Boy Scouts are taught many, many useful things that the women who are being paid to nurses, know nothing about because they have never been taught.

As leaders in this profession, we have not done our duty until some effort to improve present conditions has been made. There are so many problems solved by this system of registration, that I would like to speak of, but I must not take the time. However, I will suggest one. Every Superintendent knows how hard it is to-day to get the right kind and the right number of applicants for our Training Schools. One of the chief reasons for this is that our pupils must be women of experience, and while the girl who has left school, is gaining experience, she has entered another business avenue, and, so often, never carries out the once-cherished idea of becoming a nurse when old enough. These young women could secure nursing permits and assist in many, many ways. The graduate nurse on private duty, would often be glad of some assistance this willing girl could give. Our sanatoria could employ these young women, many times, to do the detail work, and even our hospitals might so arrange their work that many of these young women could assist, and while scouring pans, carbolicizing, serving trays, etc., they could learn hygiene, anatomy, disinfection, and many other things. In this way we would be preparing much of our own training school material and our supply would be greatly increased, because we made a place for the girl, just out of school, who was ready to do something in life and wanted some day to be a nurse.

Then, too, how often a woman over thirty-five with extensive experience and splendid ability, would come to our assistance did we make a place for her instead of making her feel "de trop" and so uncomfortable among us that she does not want to be near us, so she takes up nursing on her own responsibility. The doctors and patients soon recognize her ability and employ her, and pay her, too, and why not? Let us remember the old adage, "United, we stand; divided, we fall."

If we include all branches of our profession in this Registration Act, we will stand the leaders of the nursing world. Shall we do it?

Miss Crosby—We are very grateful to Mrs. Fournier. I ask you to carry these things in your mind for a little while.

RADIUM AND ITS PRACTICAL USE IN MEDICINE.

By W. H. B. Aikins, M.D., C.M., L.R.C.P. Lond., and F. C. Harrison,
B.A., M.B., Toronto.

The element Radium was isolated by Prof. and Mme. Curie, of Paris, in 1900, while conducting a series of experiments on the radio activity of the salts of Uranium. In the course of their investigations they discovered a substance which was far more radio-active than any known substance, and hence they called it "Radium." To understand the nature and action of this material it is necessary to first obtain a knowledge of what we mean when we speak of radioactivity. A substance is said to be radio-active when it makes the atmosphere surrounding it a conductor of electricity. Many substances have been found to do this; the salts of Uranium as was mentioned above, other rare materials, such as Thorium, Actinium, Polonium, the waters from many deep wells, crude petroleum, newly-fallen snow, etc., all possess in a greater or less degree the property of radioactivity. It has been found that this property is

caused by the giving off of rays of various kinds from the substance. These rays vary considerably one from the other. In the case of Radium there are three principal kinds of rays, and they are designated by the Greek letters. Alpha, Beta and Gamma Rays. The Alpha Rays constitute by far the largest portion of the total radiation. They are minute particles of matter, charged with positive electricity and they travel with a speed measuring about a tenth or twentieth part of the velocity of light. They are easily stopped by such a substance as a thin sheet of rubber or metal being held in front of them.

The Beta Rays are regarded as "electrons" and are negatively charged with electricity. They travel about as fast as light and are not so easily stopped as the Alpha Rays. Beta Rays are of different kinds, depending on their power of penetration, hence we get what are called soft Beta Rays, medium and hard Beta Rays.

The Gamma Rays are comparatively few in number compared with the Alpha and Beta Rays, but they have extraordinary powers of penetration. They are considered to be a pulsation of the ether. They can be isolated from the other rays by interposing a screen of lead one centimetre in thickness. This will cut off all but Gamma Rays.

In addition to these rays Radium gives off a substance called "Emanation." This has been shown to be a gas. It is liberated when Radium Salts are dissolved in water or heated. The Emanation is intensely radio-active, but this radioactivity is soon lost, being half gone in about four days. The Radium can keep on producing Emanation apparently unceasingly. A body exposed to the Emanation, itself becomes radio-active. Therapeutically as will be shown later the Emanation has been shown to be of decided value in the treatment of many disorders.

In addition to its rays and Emanation, Radium is constantly giving off a certain amount of heat and light, and the most wonderful thing about this substance is that, although it is pouring out all this energy, it does so apparently without giving any evidence of the loss, so that as far as one can tell it might continue to give off this energy *ad infinitum*.

Radium had been discovered some years before it was ever regarded as a therapeutic agent, and it happened really by chance that its therapeutic properties were disclosed. M. Henri Becquerel, of Paris, went to London to lecture before the Royal Society on this wonderful physical and chemical substance. On his journey there and back he carried a small tube containing Radium in his waistcoat pocket. About ten days after the journey he noticed an area of erythema on the skin of the abdomen. The inflammation became more intense the succeeding days and finally a crust was formed which in the course of a week or so detached itself and fell off leaving a smooth scar beneath. The cause of this condition was at first a mystery until it was recalled that the radium disk had been carried over the area of the abdomen on which this reaction had occurred. It was from this that was developed the study of the action of radium on living tissues, both normal and pathological. A supply of radium was entrusted to M. Danlos, of the St. Louis Hospital, Paris, and the action of the precious substance on various lesions was carefully studied. Following this the Radium Institute was established in Paris, with Dr. Louis Wickham at its head, and henceforth the therapeutic action of Radium was established on a scientific basis.

Since the establishment of the Paris Radium Institute, others have been founded in different places, the most recent being that in London, England, which was opened in the fall of 1911.

As a new agent Radium has been used experimentally in many different conditions, in many it must be admitted without fulfilling all the hopes that were first raised, but gradually we have come to understand what we may expect from it, and it has attained a very definite and important place among therapeutic agents.

Naturally the action of Radium was first studied on the skin and its various diseases, as here every step in the effect produced could be so carefully followed. The very great alterative effects of Radium Rays were shown to be of great service in many of the chronic skin conditions, such as Eczema and Psoriasis. The thickened skin associated with these conditions was made to disappear, and the irritation greatly relieved, and this after all other known methods had been used without benefit. One of the most useful effects of Radium is its use for the relief of the itching which accompanies chronic lesions, and also for Pruritus, which is often found present without apparent cause. Short exposures in many cases relieve the symptoms very quickly.

Radium Rays are parasiticide and hence we find benefit from their use in such stubborn conditions as ring-worm of the scalp and beard, sycosis, etc.

In skin lesions of greater severity we find marked benefit from its use in lupus erythematosus and lupus vulgaris, the nodules of the latter disease being made to cicatrize and healing produced.

That large group of disfiguring skin lesions caused by permanent dilatation of the blood vessels, usually congenital, and known as naevi or angiomas, are very frequently most amenable to the action of Radium Rays, and the cosmetic results produced are very gratifying to the patient and physician alike. The angiomatous tumors where the vessels are often so dilated that distinct pulsation is produced, give the best results. The flat naevi or port wine stains are much slower to give results, as it is necessary to proceed very cautiously in treating them. The way in which Radium Rays act in these conditions is by causing proliferation of the endothelial cells and gradually producing occlusion of the vessels.

The greatest interest has naturally been aroused by the use of Radium in the treatment of malignant diseases. At first many extravagant claims were made which have since had to be modified, nevertheless, enough work has been done and enough results obtained to prove that Radium has a great value in the treatment of these conditions.

In the treatment of malignant disease of the skin Radium may be said to be almost a specific. The most common form of cancer of the skin—the rodent ulcer so-called, is most amenable to treatment and readily heals, leaving a smooth cosmetic cicatrix. The fungating epitheliomas also respond in the same manner, as can be seen from the accompanying photographs. It may be asked, "What of recurrence in these conditions?" To that one can only reply that there are plenty of cases treated when Radium first was used, which have stayed perfectly healed since.

If recurrence should take place the condition would be quite amenable to further radium application. Likewise, in sarcoma of the skin, favorable results are secured by the formation of fibrous tissue to replace the sarcoma tissue, producing a firm fibrous nodule in place of the malignant growth.

Cancer of the lip is amenable to radium treatment when it has not extended so far as to involve the mucous membrane inside the mouth, or when no metastases have occurred in the glands draining the area. If such should be the case surgical intervention is called for, radium being used afterwards as a prophylactic against recurrence. This brings us to a most important side of the subject of radium therapy, that is, its use in association with surgery. In such conditions as cancer of the breast, for instance, surgical procedures should be carried out to the fullest extent, provided the general condition of the patient is such as to withstand the necessary shock. Before operation an exposure of the field to the radium rays lessens the malignancy, and by repeating this exposure as soon as possible after the operation—even before the stitches have been removed—the chances of recurrence are greatly diminished. We can think of several cases of this type where we firmly believe recurrence has been avoided by this prophylactic treatment.

In gynecological work radium has a large field of usefulness. Foremost

stands its application in inoperable cancer of the uterus. Here it is of the greatest value in certain cases in allaying pain, lessening discharge and stopping hamorrhage. Certain observers have recorded cases at first regarded as inoperable where so great improvement occurred after the use of radium that the conditions were rendered operable. Certainly operation should be done in every instance where feasible, but as a measure to give the very best chance in inoperable cases, radium is worthy of the most serious consideration in every case. Several cases where operation was received by leading surgeons and very unfavorable prognoses given, have received radium treatments, and are to-day not only living but enjoying very fair and comfortable lives.

French observers have reported uterine fibroids treated in this way with considerable success, and likewise in the treatment of chronic inflammatory disorders of the uterus and its appendages most favorable results have been obtained from its use.

It was mentioned above that in sarcoma of the skin radium has a powerful action for good. The same applies to sarcomata of other parts, but here again surgical removal is always to be advised when feasible, the radium being used as in the case of carcinomata, as a prevention against recurrence.

Mention has been made of the Radium Emanation, which is a gas continually being given off by radio-active substances. This emanation is present in certain mineral waters and can also be prepared artificially.

It is absorbed into the body, either through the lungs or alimentary tract, and has been shown to produce certain effects which render it of therapeutic value. These are chiefly manifested in the relief of pains and inflammation in gouty and rheumatic conditions, which is brought about by the solvent action of radium emanation on uric acid deposits, and also a lowering in the blood pressure. This latter factor makes it of considerable value in the treatment of arterio-sclerosis. The result is that we find chiefly in Germany that considerable use is being made of the emanation employed in the form of baths, waters to drink, or inhalation of the gas itself. As local applications in chronic rheumatism, neuralgias, etc., radio-active earths are employed in the form of poultices to the affected parts.

In presenting thus briefly some of the uses of Radium as a therapeutic agent, we would distinctly disassociate ourselves from others who may claim that Radium is a panacea for either malignant or any other diseases. Like all other remedies, there are limitations to its usefulness, and we would strongly deprecate its use by persons not thoroughly familiar with the technique to be employed. When not properly used Radium may do harm. No one who has not had considerable experience and sufficient Radium at his disposal should undertake to make use of it.

134 Bloor Street West.

Vote of thanks moved by Miss Stewart, seconded by Mrs. Pafford. (Carried.)

President—We have still a few minutes before 12 o'clock, and I would like to have this matter of registration disposed of before we go. We will first take up Miss Brent's recommendations. This seems to embody what we want in our regulations, and it seems to me that it would be a very good idea on the part of this Association to have these presented to the Secretary, Mr. Hanna, as coming from this Association.

Miss Brent—I think it should be from the united societies.

President—We cannot dictate what the other societies should do.

Miss Brent—That was prepared for the meeting last night.

President—Is it permissible for us to use it?

Miss Brent—Yes.

Miss Flaws—As representing private hospitals—they are entirely cut out. Could they not be included?

President—There were some recommendations dealing with affiliation, where the hospital did not have all the branches of nursing. In that way they would take in all the branches.

Miss Flaws—It says all hospitals receiving Government aid are the only ones to be considered.

Mrs. Pafford—Would not that come under the Hospital Act, instead of the Registration Bill?

President—I will read clause 18. (Reads clause.) Now the recommendation to which I refer is this. (Reads.) Would not that be a recommendation that this clause 18 be made more broad than it is at present?

Miss Brent—I think, Madame President, as the Superintendents of Private Hospitals are admitted into the Association, they should be considered. If we consider them as members of our Association which is standing for education, they should be eligible for membership.

Miss Brent—Of course, their Superintendents must be graduates of recognized training schools. Dr. Bruce Smith said he knew of a person who got tired of what she was doing and started a private hospital and trained nurses, but I think if the Superintendent of that hospital was a graduate—as we have an example here—of a large general hospital, it is a different matter. I don't think there is any excuse for a training school of a small private hospital being recognized.

Mrs. Pafford—That is evidently what the Government are after. They evidently have not taken in the larger hospital.

Miss Brent—Private hospitals were very extensively dealt with in the Hospitals Bill.

Miss Madden—If you cut out the private hospitals in Canada, you refuse to recognize the graduates of the Royal Victoria Hospital in Montreal.

President—I don't think for one minute that any such hospital was meant to be ruled out. I know in Toronto we have numberless small hospitals with 5, 6 and 7 beds, perhaps 9, and these hospitals try to maintain training schools. You know very well that they cannot give their graduates any kind of professional training or standing. They only do it more for commercial reasons, because they want to run their hospital as cheaply as possible. It is not right that these women should be placed on a par with women who have put in three strenuous years in a large institution, and who have taken pains to fit themselves for the duties of their profession and to be efficient members of that profession. I think possibly that if these recommendations were made, the clause as it now stands could be amended to provide better registration laws, and could give the Nurses who deserve registration a chance to register. Of course, the hospital Miss Flaws has in her mind is not the private hospital we have been used to. They didn't know what this hospital was going to be like. We have a great many private hospitals in Toronto that pose as being training schools, and after the Nurses have put in three years they want to be considered graduate nurses.

Miss Flaws—There wouldn't be any reason under the sun why any of these hospitals that have 25 beds provided should not be affiliated with some of the training schools and the nurses be given an efficient training.

Miss Madden—Might not the clause be added, "Training schools of private hospitals having 25 beds, whether receiving Government aid or not, giving proper training."

Miss Mackenzie—I think all these criticisms we have heard about this Act show how absolutely impossible it is to do anything with clause 18.

Miss Flaws—You cannot leave anything to the good judgment of the politicians.

President—You have heard all the criticisms and the suggestions, and you have also heard Miss Brent's paper and the recommendations which she thought it wise to make.

Miss Brent—It was only a suggestion. I didn't propose they should be adopted.

President—It started the criticism. I would suggest that you make a motion to the effect that you leave this matter in the hands of your Executive, who have now been instructed by your criticisms and suggestions, to arrange these recommendations and to send them to the Provincial Secretary.

Mrs. Pafford—Miss Brent's paper has so many excellent points in it, so much to grasp at once that it would be impossible for this meeting to take it in, and I would like to move that it be presented to the Executive of the Graduate Nurses' Association, and discussed by them, and that they may embody the points as they think right in their suggestions to the Provincial Secretary.

Seconded by Mrs. Clutterbuck and carried

President—We have Mrs. Fournier's paper, which is bristling with good points and which seems to give us exactly what we need. Even if we had



Waiting-Room, Babies Dispensary Guild, Hamilton

registration for all the properly trained and splendid women of our Province we would not be controlling the nursing situation entirely. This seems to give us the solution of the problem, and to make it possible for us to control the whole situation and to take proper care of the people who are ill.

Something recently came under my notice; there was a patient seriously ill who had for some time an untrained nurse, posing as a trained nurse and collecting a trained nurse's fees. The fact came to the knowledge of the doctor at the end of eight weeks, and then, as things were not going well, he had her dismissed and had a trained nurse employed for the patient. At the end of a week or two, the husband of the patient said to the nurse, "Are you sure you are using plenty of supplies?" She replied, "I think I am using

all that is necessary; all the doctor requires." He said, "My druggist's bill, when the other nurse was here, was \$3.00 and \$3.50 a week, and with you it has only been \$1.00 or at most \$1.50." So you see we have to do something for the protection of the people whom we are trying to care for, and we are not doing that efficiently now. I don't know whether we could take any action on this paper or not. Does anyone wish to say anything about it?

Member—A doctor mentioned the case of a patient who had typhoid fever. The nurse came and posed as a graduate, and nursed his patient so badly that he had to take the case and nurse it one night, and he said that in consequence of that nurse being there his patient died. He put all the blame on the nurse.

President—I think, perhaps, there could be some control of the untrained nurses, if we could arrange some method by which we could have licensed nurses.

Miss Mackenzie—How could the nurses have licenses? How could the profession amount to anything? How could you limit their nursing? How could you limit third-class nurses taking first-class cases?

Miss Rogers—I would like to speak to the educational side of it. Mrs. Fournier speaks of the first-class nurses being women with a University education. I know there are a lot of us who would like to be in that first-class. I wonder has Mrs. Fournier anything in her mind so that those of us who are in the profession at present would be taken care of in that Bill when it comes up. I mean a number of the nurses who are in the first class now and yet have not that University standing.

Mrs. Fournier—Certainly in the formation of a Bill there would have to be a waiver. There has to be some starting point and those at present in the profession have to be admitted.

Member—I would like to ask if such a Bill as Mrs. Fournier proposes would add to the unity of the profession. Wouldn't its effect rather be otherwise?

Mrs. Fournier—It seems to me that the only way we can have unity is to put all the sticks together. If we take one class and do everything for them we certainly have absolute division. My plan is based on that as a foundation—unity above everything else, but the control of nursing should be in the hands of the leaders of the profession. We should have something to say about how the sick are being cared for, even if only small wages are being paid. We should not allow a nurse to care for the sick if she is unfit to do so. You are all anxious to have "R. N." I have brought that point out indirectly. My intention is that simply an experienced woman who has not graduated, after receiving certain instruction should be allowed to get her nursing permit and should be an "L. N." At present there is no place for them. There is only one nurse apparently recognized, and that is the trained nurse, and because of that a woman allows it to be understood that she is trained. She doesn't come out and say it in perhaps so many words, but she allows it to be understood. If we compel her to be a licensed nurse—she has her own place.

President—I think Mrs. Fournier's paper will stand thinking over and that it would be well to leave it with the Executive and let us think over these points and have something definite to talk about next year and to recommend by way of amendment to our Bill, that some plan may be devised whereby the whole control of the nursing field may be in our hands.

Mrs. Fournier—If you are going to submit your suggestions, it seems to me that your Bill will be much more easily passed if you make suggestions broad enough to take in any student. Have all classes in it so as to give you authority. It is much easier to work on that clause now than to reconstruct it.

Editorial

THAT CRITICISM.

A very unfair and unjust arraignment of the Canadian Nurse was made at the meeting in Hamilton recently.

As President of the Editorial Board, I feel that it is only right to say in defence of it, that a year ago, when this question was discussed, all nurses interested in the Journal were asked to give suggestions, to outline a different policy, or to point out where any improvement might be made. Not one single communication has been received by the Board. Is this just or fair?

We are not satisfied with the present Journal, but making objections to it and doing nothing is not going to help it any.

Let those who are stirring up dissatisfaction make an honest effort to help the Journal instead of pulling it to pieces, and we shall have one that is "worth while."

The Western Nurses and those of Maritime Provinces have been quoted as being very much dissatisfied and feeling that they have no share nor interest in it.

We have reports to the contrary. For those who complain I would say, the opportunity is theirs, and if they fail to take it they can hardly hold the staff responsible.

The Editor cannot be expected to go West and get copy between issues.

The Journal will go on just the same, and those who are doing the work will improve it as the opportunity is given them. Let us have no more public fault finding without an accompanying statement of how to remedy the cause of irritation.

LINA L. ROGERS, R. N.,

President Editorial Board.

This number is devoted to a complete report of the Annual Meeting of the Graduate Nurses' Association of Ontario.

Owing to this, some of the regular Departments are omitted, but these will appear as usual in August.

To those of our readers who have inquired if the report of the Annual Meeting of the Canadian Society of Superintendents of Training Schools for Nurses would be given in "The Canadian Nurse" as heretofore, we regret having to answer that this "Society has decided not to make use of "The Canadian Nurse" this year.'" This is a distinct loss to the many who could not attend the meetings, but who take a lively and enthusiastic interest in the papers and discussions.

The Editor will be glad to hear from any other Provincial Association wishing to publish a report of its Annual Meeting. Let us all have the benefit of your good papers and discussions.

The British Journal of Nursing of May 25th congratulates the Nurses of Ontario on having obtained State Registration, and announces that the Nurses of London mean "to celebrate the passing of the first Act providing for State Registration of Nurses in Canada by offering a congratulatory dinner to Miss M. A. Snively towards the end of June."

The kind words and hearty interest of the Nurses of the Mother Land are much appreciated. That honor is to be done Miss Snively, the great pioneer, who gave of her best for a quarter of a century to the Nursing Profession, and to whose untiring perseverance is largely, if not wholly, due the standing of our beloved profession to-day, we still more appreciate. Our sisters, we thank you.

But we have not yet attained our ideals, therefore we still press on, work on with unflinching vigor.

The Guild of



Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

TORONTO—Nurses' Residence, H.S.C. last Monday 8 p.m.

Chaplain—Rev. F. G. Plummer, 6 Spruce Street.

Superior—Miss Brent, Hospital for Sick Children.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.

Chaplain—The very Rev. the Dean of Quebec.

Superior—Mrs. Williams, The Close.

THE CRY OF THE CHILDREN.

Listen to the cry of the children—and from a secular writer, "I grow'd up in the street, quite loose, and permiskus like you see, and took to vice because I'd nothing else to take to, and because nobody had never given me a sight o' virtue." To give the children a "sight o' virtue." This is our work. It makes no difference whether we are naturally drawn to children or not. Special drawings do not exempt us from general duties. Disinclinations are not dispensations. The children's claim is universal.

What a power in the world these children are. The painter has caught the thought, and expressed it in endless pictures of the Madonna and Child. The poet has sung of their power to reconcile the living—

"For when we came where lies the child,

We lost in other years,

There above the little grave

We kissed again with tears.

and to rouse "the dead."

"Rose a muse of ninety years,

Set his child upon her knee,

Like summer, tempest came her tears,

Sweet my child I live for thee."

Our age has heard the cry—as in the wonder-working "Cry of the Children," by E. B. Browning—and we are vying with each other in religion, in education, in "better housing" schemes, to give them "a sight of virtue" and "something else to take to" but vice. And surely the "Children's Nurse and the Children's Hospital" are part of our response to the children's cry.

Two thoughts suggested by them will be given later.

From "IN WATCHINGS OFT."

(To be continued)

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL

President, Miss B. M. Simpson, Assistant Superintendent, Hamilton City Hospital; Vice-President, Mrs. Newson, 87 Pearl Street North; Recording Secretary, Miss M. E. Dunlop, 175 Charlton Ave. East; Corresponding Secretary, Miss E. F. Bell, Night Supervisor, Hamilton City Hospital; Treasurer, Miss A. Carscallen, 64 Emerald St. South.

Executive Committee—Miss L. O. Watson, 423 Main St. East; Miss C. E. Flock, 238 Robert St.; Miss A. E. McDermott, 10 Stinson St.; Miss M. McEachern, 143 James St. South; Miss M. L. Hannah, Mountain Sanitorium.

Regular meeting first Tuesday, 8 p.m.

The Hamilton City Hospital Training School for Nurses held its annual graduation exercises at the Nurses' Residence, May 30th. Twenty-one nurses received their diplomas. The report of the school was given by Miss Madden, Lady Superintendent. Interesting addresses were delivered by Mr. Pratt, Chairman of Board of Governors; Dr. Morton, and Mayor Lees. The diplomas were presented by the Bishop of Niagara, and the medals by Rev. Mr. Paulin. Dr. Langrill, Medical Superintendent, administered the Florence Nightingale Pledge, after which Mr. McLaren presented the McLaren House Scholarship to Miss Edna Dewey. In the evening, the graduating class gave a dance, which was very much enjoyed by all present. Lunch was served in the class room, which was artistically decorated in "blue and white"—the class colors.

We regret to learn of the death of Mr. McEachern, of Gravenhurst, father of Miss Margaret McEachern, Graduate H. C. H., '11, and extend our sympathy.

Miss Fenley is visiting her sister in Chicago.

Miss Stornis has gone to St. Mary's Hospital, Rochester, to do private nursing.

The friends of Miss Ada Rothwell will regret to hear she has had to give up private nursing for a few months owing to ill-health.

Miss Madden, Superintendent of Nurses, H. C. H., is spending her vacation in Vancouver and other Western cities.

Dr. and Mrs. Freeman are visiting in Hamilton at present. Mrs. Freeman was Miss Mortson, Graduate H. C. H.

Miss Wilkin has returned to the city after having spent the last few weeks at her home.

Miss Tobias has resigned her position as Assistant Superintendent of Stratford General Hospital and intends to do private nursing in the city.

The Nurses' Alumnae of Hamilton City Hospital Training School for Nurses has affiliated with the Local Council of Women. Misses Simpson, Deyman, Dunlop, and Bell have been appointed delegates and are entitled to vote at all meetings of the Council.



There is before the nurses of the world to-day the question of the proper care of women at time of childbirth. Canadians are in a unique position, in that they may profit by the experiences of those in other lands and may thus lay a sure and firm foundation for the safe and adequate care of these most important cases.

If we glance across the water to the Homeland what do we find? All the dissatisfaction arising from the employing of midwives. To all who have given this matter serious thought, it has always been a puzzle how any logical humanitarian could recommend a woman, at this most critical time of her life, to place herself in the hands of a woman with but three months' training.

In the "Nursing Times and Journal of Midwifery" of May 4th, Eric Pritchard, M.A., M.D., Oxon., M.R.C.P., Lond., though paying a tribute to midwives, goes on to say: "Within the narrow compass of three months how can any individual be expected to acquire proficiency in the management of labor and the management of the infant, not to speak of learning how to recognize the presence of serious complications, the significance of rashes and the evidences of venereal disease? Many a woman can be present at and even be responsible for the management of twenty labors, without seeing a single complication, a single rash, or a single symptom of venereal disease in the parent or in the child, and yet at the end of this period the law allows her to take upon herself one of the greatest responsibilities that can devolve on any human individual, namely, the care and management of a mother and child, either or both of whom may require their attention in these hospitals."

And, then, as we sat and listened to Dr. Joseph B. De Lee's splendid address on "The Responsibility of the Nurse for the Health of Mother and Child After Delivery," delivered at the Convention of the American Nurses' Association, held in Chicago in June, we could not but feel that if all the work to be done by trained nurses in this world, obstetrical work occupies a first place. Dr. De Lee appealed to the nurses to be "missionaries of good obstetrics" in the fullest sense. In reply to a question, he stated his belief that we should not undertake to train midwives. It is belittling that most important branch of medicine and nursing.

What are the lessons we can draw from those two statements? Midwives in the Old Land are not a success. How could they possibly be! And, across the border, the foremost obstetrician lays before us his belief, based on true facts. Now, therefore, is the time for Canada to take heed and see to it that this branch of work is not slurred over, but is provided for by having the best equipped maternity hospitals, the best trained doctors and the most skilful and richly endowed nurses in the land.

This is a question of national importance and to our nurses we must look for aid; let them be always "missionaries of good obstetrics."

(Continued from page 358.)

Mrs. Clutterbuck—I do think that there is great force in that. When we presented our Bill before, the idea was in the minds of the lay people that the trained nurses were a selfish community. There are some people in England very well known to the profession—they may not be this particular standard—but there are licensed nurses there, and it seems to me that this would appeal to the profession. Every nurse knows that there are times when doctors have cases where people cannot afford to pay a trained nurse, and even after the trained nurse is gone one such woman could come in and fill a very useful field in the household. If we could control these women, we would have the support of the medical profession and also the support of the laity.

President—Perhaps it would be well to refer this along with the other to the Executive.

Mrs. Clutterbuck—I am happy to move that Mrs. Fournier's paper be included with the other, and that the Executive, which is composed of representative members of training schools, study it.

Seconded by Miss Rogers. Carried.

Meeting adjourned at 12.15 p.m.

Friday afternoon, May 24th, 2 o'clock. Y.W.C.A. Hall.

Mrs. Clutterbuck read the Report re Canadian National Association of Trained Nurses. (Adoption moved by Mrs. Clutterbuck, seconded by Miss Jamieson. Carried.)

The Second Annual Meeting of the Canadian National Association of Trained Nurses held its morning session on April 4th, 1912, in the Nurses' Residence, Hospital for Sick Children, Toronto, with the Vice-President, Miss Brent, in the chair, the President, Miss Snively, being absent in England.

After the invocation, Miss Brent gave the opening address, in which high ideals for Nurses and Nurses' Associations were emphasised. "This Association must not cease its efforts to have registration of nurses established by every Provincial Government in Canada," said Miss Brent. "National and international societies are big names and must embody big ideals and accomplish big works or fail."

Regret was expressed at Miss Snively's absence, and later, after the reading of a letter from Miss Snively, by Miss Stewart, in which Miss Snively expressed regret that she could not allow her name to stand again for President; as her health demanded that her strength be conserved, a resolution of sincere regret was passed and the Secretary asked to write conveying same to Miss Snively.

After the reading of a letter from Miss Dock, asking for co-operation of the Canadian nurses in the success of the pageant to be carried out in Cologne this summer, Miss Phillips agreed to be responsible for the sending of a Jeanne Mance costume.

Miss L. L. Rogers and any other nurses fortunate enough to find themselves in the vicinity of Cologne, were invited to constitute themselves delegates from this Association, too poor in this world's goods to send them. Discussion suggested by Miss Brent was opened by Mrs. Fournier, as to the advisability of the amalgamation of this Association and that of the Canadian Society of Superintendents of Training Schools for Nurses. After an interesting discussion a committee was appointed to interview that Society when in session at Hamilton, in May, as to the wisdom of merging the two societies.

The following changes in the Constitution were adopted:—

Article VI., Sec. 2, now reads: Each affiliated Association composed of ten members or less shall be entitled to one delegate, each affiliated Association of eleven to twenty members, two delegates; no Association shall have more than five representatives at the annual meeting.

Delegates present at the Annual Meeting shall be entitled to cast total number of votes to which their Association is entitled.

Article X. now reads: The initiation fee for each affiliated Association shall be five dollars. Permanent members shall pay a fee of one dollar per year. Each affiliated Association shall pay two dollars for each delegate that it is entitled to send to the Annual Meeting; this shall constitute the annual fees of each Association.

Miss Carson gave a most earnest address on Moral and Social Prophylaxis, citing cases that had come under her observation in her vast experience as a social worker, and urging nurses to use every opportunity presenting in their daily round of duty to uplift the fallen, or, better still, educate the young and thus prevent their stumbling.

The following officers were elected for the incoming year:—

President—Miss Mary Ard MacKenzie, Ottawa.

First Vice-President—Miss Louise Brent, Toronto.

Second Vice President—Miss L. C. Phillips, Montreal.

Secretary-Treasurer—Mrs. Fournier, Gravenhurst.

Councillors—Miss MacFarlane, Vancouver; Miss Wilson, Winnipeg; Miss Colquhoun, Montreal, Miss Rowan, Toronto; Miss Greene, Belleville; Mrs. Stæbler, Sherbrooke.

A resolution was passed requesting that a letter be sent to the President of the Academy of Medicine, asking him to discipline those members of the profession who are employed as teachers of nurses in training schools advertising to train nurses in a few weeks.

The delegates then retired to the new clubhouse—"The Nurses' Club," lately given to the nurses of Toronto by Mr. J. Ross Robertson—where a social hour was enjoyed and luncheon served.

The afternoon session was held in the Medical Building, Toronto University. Dr. C. K. Clarke welcomed the nurses, and spoke optimistically of the time being near when the nursing profession would be more closely allied to the University, a higher standard established with a University examination.

Miss Mary Wadley, R.N., Secretary Social Service Bureau, Bellevue and Allied Hospitals, New York City, was then introduced. After outlining the effort for social betterment of the masses and the educational propaganda against disease and drugs, Miss Wadley gave a most interesting talk on the results obtained by the social service workers, who take charge of the men and women discharged from the hospitals, who are not yet able to return to regular work, and find suitable work for these weak ones, or rest-houses for those not yet able to work, homes for the small children while their mother's diseases are cured, and she put in condition to return to household duties. These stories of obstacles overcome among the foreign element, and the gratitude of mothers made whole and restored to their families, must have made all who heard anxious to see such a department formed in connection with each of our hospitals, for so much has yet to be done for those folk discharged from our hospital wards who have not right homes to return to.

The co-operation of the different charities in New York City formed an interesting part of Miss Wadley's paper, each paragraph of which was a stimulus to those interested in any phase of philanthropic work.

Miss Holman's paper on "Work in Social Service Department of Toronto General Hospital," and Miss Dyke's paper on "Social Aspect of Tuberculosis," were both interesting and helpful, and showed what effort was being put forth for the betterment of the masses in Toronto.

Miss Rogers opened a discussion and many questions were asked the workers, and much interest shown by those present in the different branches of the work.

The Delegates then went to Annesley Hall, where they were entertained to afternoon tea, by the University Women's Club.

Dr. Richard Cabot, of Boston, who was expected to give an address on "Social Service" and failed to appear in time, made a few remarks about the work as it had appealed to him.

Respectfully submitted,
MARGARET CLUTTERBUCK

Toronto.

Miss Jamieson gave report of representative to "The Canadian Nurse."

A year ago Miss Christie, the efficient Secretary of the Board of Directors of "The Canadian Nurse," gave you a history of the Magazine from its inception.

In presenting this report I shall attempt to tell you what we have *tried* to do during the past year.

The Directors have met monthly to transact the immediate business connected with the Editorial work.

The first Annual Meeting of the Canadian Nurse Editorial Board, Incorporated, was held at Toronto in November, 1911.

The *Treasurer's* report showed the total receipts for the year to be \$405.80, \$30.00 of which was contributed to "The Canadian Nurse" Fund, and the disbursements to be \$332.20, leaving a balance of \$73.60.

The report of the Manager showed the receipts from October 1st, 1910, to October 1st, 1911, to be: From subscriptions, \$987.96; advertisements, \$1,764.09; total, \$2,752.05; and the expenditures to be \$2,640.08.

The President spoke of the need of some form for membership of the Canadian Nurse Editorial Board, and submitted one, which was adopted by the meeting. This form is prepared for signature of Representative with a view to creating a feeling of responsibility, and thus bring a better response in the way of items of news and articles for the Magazine.

The object of the Board is to have one Representative from each organization of nurses a member of "The Canadian Nurse Editorial Board."

A special endeavor has been made to increase the subscription list of the magazine, 55 new subscribers have been added this year, making a total at present of 1285.

One of our members in Nova Scotia suggested that some space in the Magazine be devoted to giving information *re* The Training Schools of Canada. Accordingly a form was drawn up by the Directors and copies were sent to the Secretaries of the Provincial Associations asking them to gather the necessary data from their provinces. The first instalment of this will be found in the June issue.

The Canadian Nurse Fund is now \$52.50.

Each member of this Association is familiar with the pages of "The Canadian Nurse," so we do not need to speak of these. Let the Board have your sympathy and earnest co-operation for the advancement of "The Canadian Nurse" and its standing as a National Magazine will be worthily assured. (Adoption moved by Miss Jamieson.)

President—Does anyone wish to ask any question or make any comments before we go any further?

Seconded by Miss DeVellen. Carried.

President—I might add that the experiment of trying to increase the responsibility of members we feel has been a success. More members are responding and taking a lively interest in the journal as a result of this. A very hearty response has been given to our request for information *re* the Hospitals and Training Schools of Canada. I think possibly this will be very important to intending students. At least, that was the idea of the lady who suggested it. I don't think that the Editorial Board feel that our magazine is quite the failure some seemed to think it yesterday. It is not what we

wanted or hoped it to be, but if we had reached our goal there would be nothing still to fight for. We want to join together and make it a great deal better a year hence than it is now.

Miss Rodgers, First Vice-President, occupied the chair.

Report of the representative to Women's Local Council was given by the President.

Adoption moved by Miss Crosby, seconded by Miss Rogers. Carried.

President—Miss Rodgers has asked if all the Superintendents impress upon their graduates the duty of supporting the magazine by becoming subscribers, and if all in the Graduate Nurses' Association did all they could for the magazine. These are things for you to think about.

There was one item this morning—you will notice we had a paper down for "Social Service," and were unfortunately not able to have it this morning. It seemed to me most unfair that a subject of such vital importance should be crowded into the last few minutes of the session. As the time was late, I omitted it this morning with the idea of giving more time this afternoon, and I am very, very sorry that the lady who was to give us that paper was unable to stay for this afternoon. Consequently, we are that much the poorer. I regret this very much. It is a subject that is occupying a great deal of attention just now.

"School Nursing" by Miss L. L. Rogers, R.N., Superintendent of School Nurses, Toronto.

SCHOOL NURSING

The Board of Education of Toronto began Medical Inspection in April, 1910, by employing a nurse qualified to organize a school nursing service and whose initial step was to investigate schools, dispensaries, relief societies, homes, etc., to find out what was needed and how the needs of the children might be successfully met.

In May, two assistants were appointed and twelve schools with an aggregate attendance of 6,457 children were visited regularly each day.

The nurses made classroom inspections and visited the parents, notifying them of any disease or defect found. The cases requiring medical aid were advised to go to their own family physicians, while those too poor to pay were directed to a free dispensary. In September, two Medical Inspectors were appointed and all cases for diagnosis were referred to them.

In November, two more nurses were appointed, as the principals of the schools saw the benefit of having the children's health looked after and asked for the services of a nurse.

The Board of Education was now thoroughly convinced that a complete system of Medical Inspection was necessary, and in February, 1911, appointed a Chief Medical Inspector, increased the nursing staff to seventeen, added six additional Medical Inspectors, and appointed a Dental Inspector.

The city, which had 80 schools, with an attendance of 45,000 children, was divided into districts, and the schools formed into groups, one nurse being assigned to each group and one Medical Inspector to every two groups.

In February, 1912, the staff of nurses was increased to twenty-five, and the medical inspectors to eighteen.

The duties of the Medical Inspectors are to make a routine inspection of all children in the school after each vacation, at midsummer, Christmas and Easter.

The daily duties consist of inspection of children for readmission to school, inspection of those referred by teachers and nurses for examination for contagious diseases and physical defects, and in making complete physical examinations. After the first routine inspection by the Medical Inspector, the nurses make all subsequent classroom inspections at intervals of two weeks.

The nurse's duties are many and varied. After the classroom inspections, the cases are weeded out and sorted, as it were. Those requiring diagnosis are referred to the Medical Inspector, a card being given to each child stating the reason for referring him; those having carious teeth are instructed by the nurse in her office and referred to a dentist or the dental clinic; those with unclean heads are sent home with printed instructions to the parents. Those requiring attention for skin diseases are attended to and returned to their classrooms as soon as possible. The plain dirty lad is given soap and a paper towel and sent to the sink to get washed.

Various means are used by the nurses to persuade the children to have their defects remedied. For instance, one nurse bought shoe blacking and *allowed* the boys to shine their shoes if they would have their teeth filled. Another nurse bribed the children to go to the hospital dispensary to have their tonsils removed by curing their warts.

One nurse reported to the Health Department 65 cases (36 active) of suspected tuberculosis from her group of schools, while another reported twenty-five cases.

One nurse referred six cases of discharging ears to the Medical Inspector, who found on taking cultures that five had diphtheria germs in the pus. It may readily be seen where the odd cases of diphtheria have their origin.

A nurse reported nine cases of measles from the kindergarten in one day, the only intimation being from two parents who sent word their children were unable to be at school for that reason. The other seven were absent and the nurse called to find out the cause, with the above result. It is interesting to note that in six instances the patient was an only child and the parents did not call in a physician. Think of the possibility of an epidemic when desquamation began from these concealed cases, had they not been discovered by the nurse.

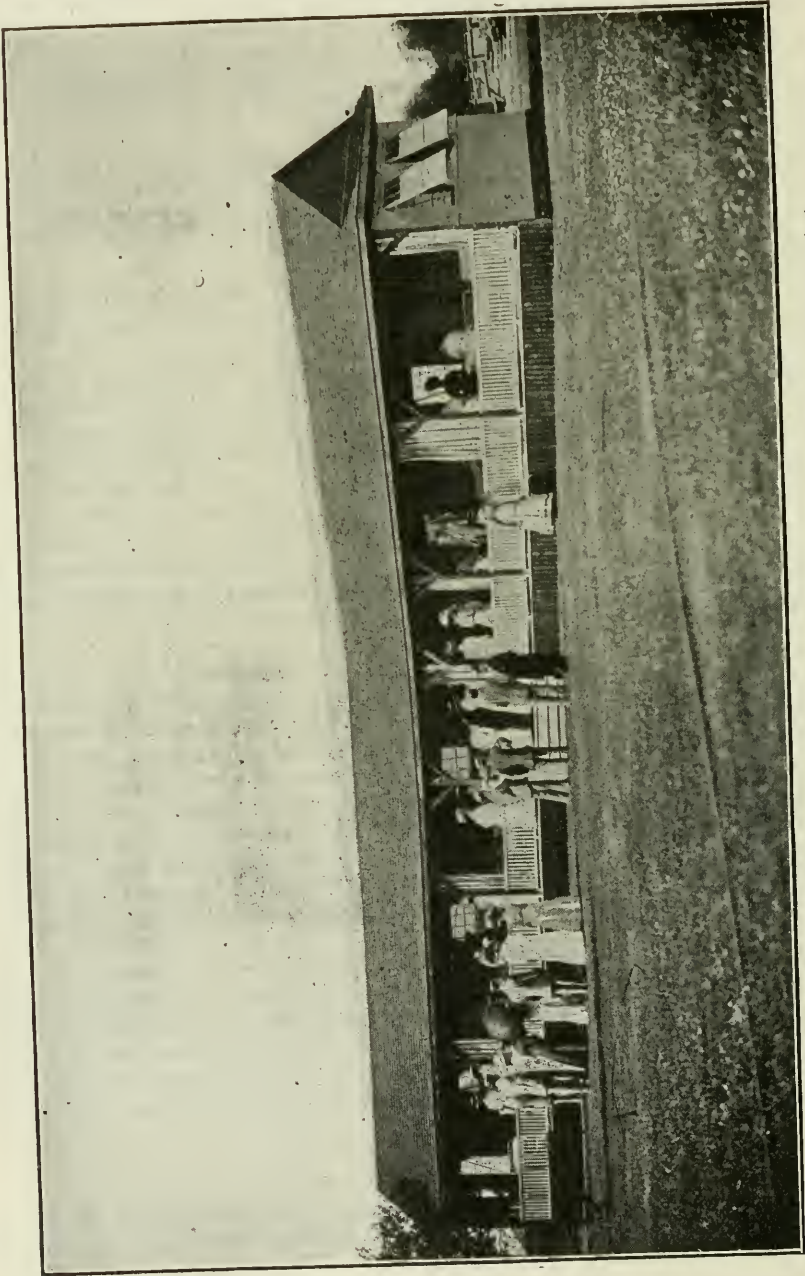
The same nurse found two children, aged 10 and 12 years, in one of her schools whose vision had been so neglected that the oculist said they were nearly blind and little hope was held out of saving what sight was left. This so impressed the nurse that she captured every infant when visiting the homes and enquired about their eyes. She now has a group of tots 3, 4 and 5 years of age wearing glasses. The glasses are provided by the teachers of the school they will attend when they become of school age. Just reflect what this means to these children and what the State saves. Is it not much cheaper and better to save the health than to try and recover it after it is lost? The Board of Education provides glasses for all children of school age whose parents are unable to do so.

A nurse recently when making a home call found the mother ill with fright because her husband had threatened to kill her. The nurse went to the police sergeant and learned that the woman could be protected if she would lodge a complaint. Back the nurse went with her information and took the woman to the officer with her and the next day the man was sent to jail for examination as to his sanity. It was learned that the man had a wife and family in England and was insane.

Social Service.

The success of the Toronto Medical Inspection is largely due to the broad-minded attitude of the Board of Education which has aided in every way the efforts made to secure a better physical standard of its school children.

Look at the dental report. When a test was made in two schools, 99% of the children were found with defective teeth. Our Dental Inspector visits schools twice a week, extracting ragged teeth and old roots which are likely to cause trouble. The nurses have received a full course of lectures on care of the teeth from our Dental Inspector. Our work at present is largely cura-



"Heather Club" Pavilion, Lakeside Hospital Grounds, Toronto, (Courtesy of Canadian Association for Prevention of Tuberculosis)

tive, but our whole aim is prevention. We want to keep the child from getting defects by showing him how he can keep himself well, by brushing his teeth, by proper cleansing of skin, by proper feeding and breathing of fresh air, and by proper clothing.

There is a reason for every case of delinquency in children, and we are not going to stop until we find the cause and then we intend to find a remedy.

We have under consideration an open-air school for about 50 children who are in a very much run down and anaemic condition. The plan suggests taking these children from their homes at 8 or 8.30 in the morning, to a park or suitable grounds, give them breakfast, dinner and supper, with light refreshments between—have a teacher give instruction for a few hours each day—see that they have a certain time for rest and sleep, the remainder of the time being devoted to recreation and play. A nurse will be on duty who will see that the diet is regularly and properly given, that their temperatures and weight are regularly taken, and that their general physical condition is supervised. This is to be a scientific experiment for the purpose of learning how much benefit is gained from such treatment, and it will be a regular feature of the school scheme in the future. Open air schools are a feature in many cities.

Toronto offers a post-graduate course of one month to nurses desirous of learning the methods of school nursing. Since the course was established in January, 1911, twenty-five nurses have availed themselves of it, nine of whom are in permanent positions as school nurses in different parts of the country.

Since the organization of our system 110 nurses have applied for positions on the regular staff. Nurses most suited to this kind of work are those who have had some years' experience in the different phases of nursing, such as private duty, district nursing and social service work.

School nurses are now employed in Canada in the following cities and towns: Montreal, Hamilton, Winnipeg, Regina, London, Brantford, Vancouver, Stratford, Kingston, Saskatoon, New Westminster, B.C., Niagara Falls, S. Vancouver, and Toronto.

Before a system can in any way be considered complete there must be a complete physical examination of each child before entering school and the defects should be remedied.

School dispensaries where minor operations and treatments may be made by physicians should be established.

There should be backward classes for those behind grade, and fresh air classes for those undernourished.

Report of Heather Club, Toronto.

Mrs. Clutterbuck—I am sorry, Madame President and Ladies, that our Secretary or Treasurer was not able to come to read this report. This is a report that was read to the Educational Society on Monday morning in Toronto, and though it may sound as if we had things under our control we have not got that yet. It is just in its beginning and we need the help of every nurse. Our work of social service has just been organized and is in its infancy. We need a school for these children, and hope our school nurses will help us in that, and we need a permanent home for our children in the winter time—we have that in the summer. The fairy godfather of affairs in Toronto, Mr. Robertson, was good enough to give us a home in front of the Lakeside, and we would like any nurses who visit Toronto to make a point of visiting that pavilion. In talking to Mr. Robertson the other day he told me we needed at least \$50,000 to provide this winter home. We are going to get this money through our nurses and their friends. You are all busy women and haven't time to do the social service work. We have a nurse from the Children's Hospital with whom we co-operate, but this work has just begun and we want every nurse in Ontario to help us. If some of you find leisure and know suit-

able homes and could write us of some woman who would take some of our children and board them for a time, it would help us greatly. We might pay \$3 or \$4 a week. Then you could keep an eye on these children in your vicinity. There isn't a nurse in Ontario who couldn't help the Heather Club. I don't think you know how much you could help and how much we need it. (Applause.)

In the past year the Club has made steady progress, although our membership has not increased as it should.

At the meeting held in March, it was decided to have our Club meet the third Tuesday of each month, instead of every second month, as formerly. While the average attendance has been encouraging, we would like to have more of our members take an active interest in the work.

Various schemes for raising money to carry on the work have been devised throughout the year.

On May 15th, 1911, "The London Dramatic" presented their play, "Lady Huntingdon's Experiment."

In the same month Miss Steinberg's pupils gave their closing exercises for our benefit.

Two garden parties given by children at Centre Island benefited our treasury and showed the appreciation of our efforts for the sick, by these healthy ones.

An apron sale, held at Mrs. Elliott's in November was most successful, as were also three dramatic recitals given by Madam Labadie.

A Christmas tree was held December 28th in the S.S. of All Saints' Church, and one glance at the bright, happy faces of the children told how thoroughly they enjoyed the treat.

Our visiting nurse reports 325 patients attending the Wednesday afternoon clinic, held at "the Hospital for Sick Children." Of these, 112 have been brought in during the last six months. During the winter these patients are looked after in their own homes, and suitable nourishment and clothing provided.

Our appreciation of Mr. Robertson's generous gift—the large extension to the pavilion for tuberculous children—was shown, as he most approves, by using it. The extension was furnished and during the summer seventy-seven were cared for. Of this number only five have been able to pay a small weekly amount, averaging \$1 a week. This shows that those most in need are being helped, and that the idea in the minds of those who organized this work of caring especially for the poor and needy is being carried out. The weekly increase in weight was most encouraging, all but five steadily gaining during their stay at the Island. A rest of one and one-half hours was insisted on after the noon-day meal, which, while not very kindly taken to, was maintained throughout the summer.

Sunday school was started by Mr. Saywell, of the Anglican Church at Hanlan's Point, and to him we owe our sincerest thanks for his interest in the children.

A Helping Hand League was started by Miss Hutchins, of the Children's Encyclopædia, and badges of the League presented to each child by Mr. Robertson.

Till this year we have been content to look after the cases that have come to clinic, or been reported from other sources. The question arose, what about the children in a family where the mother has been suffering from tuberculosis, and still looking after her household? Ten of our members were appointed to investigate conditions in ten such homes and here we found more work for the "Heather Club." May I be permitted, briefly, to outline, conditions found in one home. The mother had died from tuberculosis six weeks before. Four children, the eldest ten, the youngest nine

months, were living with the father in a three-roomed shack. After the mother's death the bed room had been fumigated, but the kitchen, where the patient had spent most of her time, was still a source of danger to these children. Sputum cloths were found piled behind a barrel, and other conditions revealed, which should not be allowed to exist. The house was reported for fumigation, the babe boarded out with a neighbor, the three eldest children put in a home, the father given instructions to burn sputum cloths and all personal articles belonging to the dead patient (which he did). Thus a new field has been opened up, and the work of prevention goes on.

Now, not to go on means death to a countless number of little ones.

To those who love children and believe the highest duty of adults is to make them happy, comes the privilege of providing suitable surroundings, whereby the children may learn the value of fresh air, sunshine, and right living.

We are most grateful that we have been able to accomplish all that was planned when we organized, and that the work has grown almost beyond our expectations.

A few items from the Treasurer's Report will give some idea of the work accomplished.

Milk, \$215.83; clothing, \$347.54; pavilion extension, \$354.71; Christmas tree, \$25.58.

I beg to move the adoption of this report. Seconded by Miss Pringle. (Carried.)

"HOW EVERY NURSE CAN HELP ERADICATE TUBERCULOSIS."

By Miss Watson, London.

Madam President and Ladies:—

In selecting my subject I considered if there was anything I could say that would apply to nurses in general, whether doing private nursing or in a public capacity, and I concluded that there were certain things that could be done by all to help eradicate what is at present the greatest scourge to the human race.

My subject, therefore, is "How Every Nurse Can Help Eradicate Tuberculosis."

I will quote, first, two statements that are often seen:

1st. "97% of people dying over 40 years of age show evidences of having had tuberculosis." This statement is made by Osler.

2nd. "One out of every seven deaths is from tuberculosis."

The logical conclusions from these statements are:—

1st. That spontaneous cures must be an everyday occurrence, and the disease, therefore, is a very curable one, so much so that the majority are cured without medical aid and often without the patient being ware of the presence of the disease.

2nd. That considering its curability the death rate is appallingly high.

Experience has proven that a far-advanced case never recovers, that the few moderately advanced cases who recover have their usefulness permanently impaired, and, therefore, it is the early or incipient case who must be discovered and put in the way of being cured, or, better still, it is the person who is destined to become the incipient case who must be discovered and guided along the road to health.

The advanced case is the most prolific source of infection, estimated that every advanced case infects three others, and if we can prevent ordinary debility from becoming the incipient case, and the incipient from becoming the advanced, we will have prevented the formation of many distributing centres.

How can a nurse assist in this very urgent work of prevention?



Victoria Hospital, London, O

First, by constituting herself a missionary of health and by using her trained powers of observation wherever she goes and on everyone with whom she comes in contact.

Every nurse undoubtedly meets with some of these incipient or near-incipient cases. It is certainly not our duty to diagnose a case, but it is our duty and privilege to utter a word of warning and advice when we see persons, through ignorance or because of pressure of work permitting themselves to remain below their normal standard of health.

We too often take these chronically ailing people for granted with the comfortable idea that with time they will regain their normal healthy condition. But what about the one in seven who die of it? Time failed to effect a cure, and, perhaps, some friendly interest and advice might have been the means of preventing a fatal termination in many of these or might even have arrested the development of the disease.

The initial symptoms of tuberculosis are insignificant and might easily escape notice.

A period of ill-health with slight indigestion, loss of energy, physical and mental susceptibility to colds, slight loss of weight, often rapidity of the pulse after slight exertion or rise of temperature, persistent huskiness of voice or an infrequent cough often not noticed by the patient or blamed to either chronic bronchitis or catarrh.

Any or all of these might be the forerunner of a stage of the disease that becomes alarming when cough, expectoration, wasting, fever and sweats become prominent features and the outcome is a matter of doubt.

Expectoration in the early stages is not characteristic. Often there is none, or, if any, it is bronchial in origin and white and frothy.

These cases must be impressed with the seriousness of their condition, the importance of proper treatment, and the hopefulness of complete recovery.

Where there are nervous objections to the sanatorium, the nurse often can do much to remove them and convince the patient that there he will have constant skilled medical attention and good nursing.

Certain diseases by reducing resistance prepare the soil for the tubercle



erculosis Clinic here).

bacillus, asthma, repeated attacks of pleurisy or pneumonia, enlarged tonsils or adenoids, enlarged glands, anæmia, rickets, decayed teeth.

These troubles are often overlooked and a certain amount of persistence is necessary to impress upon the sufferer the necessity of being under the care of a physician.

Prevention along these lines is taking place every day in our schools since the advent of the school nurse, but there is still plenty of scope for the private nurse in the home.

The second way in which every nurse can help is by spreading the gospel of fresh air, sunshine, cleanliness in its various branches, good food, exercise, regularity in living, and common sense, and to make it more forceful, preaching must be combined with practise.

Most important of these is fresh air. Oxygen has a tonic effect upon the system, dilates the air vesicles and accelerates the blood flow, sending it to all parts of the body. Stagnation or sluggishness in the remote parts of the lungs, the favorite breeding place of the germ, is thus avoided.

Particularly do we need to educate the mothers and the teachers in the schools to the value of fresh air.

What we mis-call colds in children are usually inflammations arising from impurities in the air of the schools and even of many homes, and these recurring colds make fertile soil for the Tubercle Bacilli, which, so long as the child retains his healthy vigor, remain inactive, but become active at the first lowering of the resistance, usually between the ages of 15 and 25. Well lighted, well ventilated rooms are foes to disease.

Cleanliness is a subject for both preaching and practise.

The skin is bathed to remove the impurities and enable it to do its work of respiring, secreting and excreting.

As possible sources of infection the teeth and finger-nails require attention.

Careless spitting is condemned, not only because it is unclean and offensive, but because it is the great disseminator of germs. All sputum can be destroyed with very little trouble and the public must be taught that it is both selfish and criminal to persist in a habit that endangers the lives of others.

Of almost equal importance in this crusade is the extermination of the household, which is so energetic in bringing to our food germs of all descriptions.

Much can be done in the demonstration of cooking, to preserve or develop the savory and nourishing properties of a food, in contrast with the careless and hurried way so often seen, the choice of foods and manner in which they are combined to furnish the different elements required by the body.

Lastly, when opportunity offers, teach the simple rules of health:—

To breathe deeply with lips closed;

To walk with the shoulders back, chest out and head erect;

To wear nothing tight, corsets, neckwear or footwear;

To keep the feet dry and warm.

When run down build up the strength at once with nutritious food, extra rest, extra sleep and fresh air, and keep the body in such good condition that it will be armor proof against germs.

In these two ways, by teaching hygienic living and by directing to medical attention all whose physical condition should be improved, every nurse can assist in the work of eradicating tuberculosis.

As when a pebble is dropped into the water the circles become wider and wider so a timely word may have very far-reaching results.

DISPENSARY AND WORK AMONGST DOWN-TOWN TUBERCULOSIS PATIENTS.

By Miss Renton, Hamilton.

This, to a casual observer, possibly appears a narrow and restricted sphere of work, but it is in reality, so broad that in order to accomplish its mission in the fight against the White Plague the co-operation of every citizen is needed.

It is a work of instruction, alleviation and encouragement, and one by no means restricted to those who, upon examination, are found to have tubercular trouble, or to the 70 or 80 cases on the visiting list.

Each member of the family in which these patients live must be taught the principles of right living, first to safeguard themselves against falling victims to the disease, and, secondly, to intelligently assist the afflicted one in his struggle to regain health.

The essentials for the cure and the prevention are the same, viz., rest, fresh air and good food.

In the majority of cases one succeeds in impressing both patient and family, with the necessity of observing care in the disposition of the sputum, the advisability of the sick one covering his mouth whilst coughing, his using separate dishes, bedding, towels, etc., though, unfortunately, there are some cases where we feel sure that these instructions are observed only during the occasional visits of the doctor or nurse. This is one respect in which one sees the benefit derived from sanatorium treatment. The constant supervision and teaching of the institution surely bear fruit along this line.

The question of sufficient and suitable nourishment can usually be arranged. In Hamilton, Miss Doolittle's Trust Fund supplies a number of families with a daily allowance of milk, and from time to time this fund is drawn upon for meats, fish, eggs, etc.

Funds supplied by the Billiken Club have done much in relieving this situation also.

The difficulty of the patient and those associated with him, getting sufficient fresh-air is not so easily overcome. Many of the sleeping rooms are badly ventilated. When this difficulty is surmounted, you are confronted with the prejudice of years against the admission of plenty of fresh air and particularly at night. However, in the past few years much of this prejudice has been broken down and the younger generation, at least, is learning that to work and sleep where there is good pure air reduces the susceptibility to colds and other diseases.

This brings us to the first important essential—rest. And this, without doubt, is the one most disregarded by those seeking cure, and those striving to avoid contracting the disease.

Rest is recognized as being important in many diseases, but for some reason where the patient is suffering from tuberculosis, the very prevalent idea appears to be, that exercise is essential. So long as the patient feels ill, there is little difficulty in persuading him to remain in bed. The sick one feels the need and the family also approves. However, weeks, and frequently months, of systematic rest are necessary to accomplish the healing process in the diseased lung and it is at this stage where real difficulty begins.



Tuberculosis Clinic, Hamilton.

The patient benefited by the rest he has taken often feels and looks better than ever before in his life, very much better, perhaps, than many of those around him. The other members of the family are up and at work and he feels like a drone in the hive. Added to this, his family and friends, not understanding the nature of the disease, begin to urge him to exert himself. To them his life appears one of idleness. They do not realize that his struggle to regain health is much harder work than their daily toil. As a result, the patient, if left to himself, begins to regulate his life according to his feelings and, invariably, in time, falls back to a condition as bad, if not worse than before and with a much poorer chance of being cured. These are a few of the dangers to which the down-town patient, who otherwise had a good chance for recovery, is exposed.

Those starting out with a less hopeful outlook often receive a smaller amount of encouragement along the right line. The prescription given by the doctor, of rest, fresh air and good food, appears too simple and too slow. A patent medicine suggested, perhaps temporarily relieves the cough, long walks in the fresh air reduce the temperature for the time being, and much valuable time is lost before the patient realizes that these are only snares and that he has been on the wrong track entirely.

Thus, the necessity of every one being acquainted with everything regarding this disease is apparent. The story of rest, fresh air and good food is possibly old to many of us, but it is yet very new to a large percentage of the populace.

When one compares the attendance at Dispensary, the families on the Visiting List, and the patients at the Sanatorium, with that of four or five years ago, the increase is appalling and one frequently hears the remark "this disease surely is on the increase." The number affected surely does appall one, particularly when one considers that many of these cases are the result of somebody's carelessness. But the fact that these cases, hitherto hidden and neglected, are coming to light and are being instructed and passing this knowledge on to others, changes the aspect somewhat.

The work of the nurses in our schools is responsible for the discovery of many of the afflicted children.

The training these children receive at the Sanatorium must result in benefit to them for their entire after-life, and the new ideas they bring into their homes will prove a benefit to the other members of their families.

The death rate from tuberculosis in Hamilton last year was quite materially reduced, proving what can be done along this line. But the work is only begun and past success we hope will serve only to stimulate us to a bigger, better and more united effort.

REPORT OF THE TUBERCULOSIS VISITING NURSES OF TORONTO.

By Eunice H. Dyke, R.N.,

Superintendent Tuberculosis Visiting Nurses

The Division of Tuberculosis in Toronto was organized under the Department of Health, June 1st, 1911.

The work the department has been able to accomplish is due in large measure to the three years' work of one nurse. In that three years she did her part in building up a strong Tuberculosis Clinic at the Toronto General Hospital; in establishing cordial relations with the physicians of the city; and in inspiring organizations of Social Workers to effort along Tuberculosis lines.

It was felt, however, that the Department of Health could not hope to prevent Tuberculosis in the city if it limited itself to visiting in the homes of patients voluntarily seeking Dispensary treatment, and to maintaining a limited number of patients in Sanatoria—each for a limited time.

The notification of Tuberculosis was accordingly made compulsory, and a second nurse was appointed to enforce that notification.

The original accommodation of a corner of a table in a corner of the Department of Health gave place to half an office, and still later to a separate office, with suitable equipment. The staff at present consists of a Superintendent, seven nurses, and a Social Worker in charge of the records. The story of the organization of the Department is simple:

The Dispensary Nurse continued her work at the Toronto General Hospital Clinics twice a week, and continued to visit the Dispensary cases. Records of applications for Sanitaria, reports of positive sputa from the Municipal Laboratory, and the few reports from physicians were compared with the reports of



King Edward Sanatorium, Weston, Ont. (Tuberculosis.) (Courtesy of Canadian Association for Prevention of Tuberculosis)

deaths in the City Clerk's Office. The remaining cases were investigated, and a few found to require supervision. The physicians were consulted before visiting, whenever possible. A separate telephone was soon installed.

After consulting record cards from various cities, a suitable system of records was instituted. These records are necessarily elaborate, although every detail that is not essential to the work of the nurse in the home has been eliminated.

Gradually the original division of cases into Dispensary and Private cases gave place to a division according to location, these districts becoming smaller as the staff increased. For the sake of new nurses, the cases were "pegged out" on a map of the city. This has proved such an educative factor that a larger map has been provided for the general office.

During the year, two new Tuberculosis Clinics have been established, and the city nurses are now attending four out of the five special Clinics held in the city. The cases reported to the department by the Dispensaries are assigned to the nurse visiting in the district in which the patient lives.

The nurses report in the office at 8.30 a.m.; record the previous day's work on the histories; report fumigations; and receive any new work. They leave the districts at 4 p.m. and at home write a report of the day's visits. These visits include visits of inspection, visits to arrange for fumigation and to inspect after fumigation, visits of co-operation (to secure material or other aid) and actual

nursing care. Sputum boxes and paper handkerchiefs are distributed free of charge. Sheets and pillow cases are provided when necessary, and the nurse carries with her the necessary nursing supplies, together with a gown to completely cover her street clothes.

Probably the most encouraging feature of the work is the fact that the physicians are reporting their cases. June 1st, 1911, three physicians had reported cases; June 1st, 1912, over two hundred. Nearly eight hundred cases have been reported in writing, no duplicates being included in that number. No case is recorded as Tuberculosis without the written statement of the physician—all others are "suspects." There has been practically no opposition to the notification of Tuberculosis, but it has been found that the most willing physician requires to be reminded of the new law.

The distinctive features of the work of the Division are: That the nurses work as employees of the Department of Health; that they are not limited to Dispensary cases; that they do not give material relief; that they plan for constructive work in the Tuberculosis Home, rather than bringing temporary relief to the individual Tuberculosis patient.

All reports of Tuberculosis must come finally to the Department of Health—reports of physicians and dispensaries; requests for city orders providing maintenance in Sanitaria; requests for fumigation; complaints from neighbors, and more recently, a daily report of admissions and discharges from Sanitaria.

The city nurses visit all positive or suspected cases unless the physician-in-charge states that it is unnecessary. If another nurse is found to be in charge, the case is recorded, and infrequent visits of inspection are made.

Under the present conditions of poor organization amongst the Charitable Agencies of the city, it has been difficult to maintain the policy of withholding material relief. Tents and separate beds have been provided when advisable, and occasionally clothing and railway fare, but the greater need of food, fuel, rent, pensions, etc., will never be met by the nurses. They have not the time to raise the necessary funds, and possibly have not the wisdom to dispense them—in addition to which there are organizations well qualified to undertake that work.

"True growth is more frequently indicated by an ability to share work with other organizations than by one Society's attempt to bear all the burdens of the people alone, and visiting nurses who work closely with relief and other agencies realize that their work grows in intensity and effectiveness as it decreases in scope."

It is an impossibility to report the work of the Division of Tuberculosis without referring to the other agencies at work for the benefit of the Tuberculosis Home.

The Sanitaria at Weston and at Gravenhurst, under the management of the National Sanitarium Association, are to-day accommodating over three hundred patients, maintained at a per capita rate by the Municipal and Provincial Authorities, and an additional number paying their own expenses. The nurse makes the arrangements for admission and for ambulance. The four large hospitals in the city admit patients for diagnosis or for surgical treatment, and have frequently admitted emergency cases when the Sanitarium at Weston has been crowded.

The City Relief Officer and the House of Industry have provided fuel, groceries, and milk. The Associated Charities have investigated difficult social conditions, and secured the co-operation of other agencies. Sanitary inspectors have closed basement dwellings, and have ordered others torn down. Case conferences have been established at two of the Settlements, and have brought about excellent work in a number of the homes. Fresh air agencies are planning to give the much-needed vacation to some of the children who have been exposed to advanced Tuberculosis. A list of over three hundred such children has been compiled. The Fred Victor Mission will take forty of them to Whitby, and the Evangelia

Settlement thirty-two to Lake Simcoe. They have chosen the children, and have decided upon the date, the nurses' duty being to complete the home arrangements, and to deliver the children clean and suitably clothed, at the time arranged. The Pavilion, at the Island, in connection with the Hospital for Sick Children, will do an extensive work amongst the children attending their Dispensary. The Toronto City Mission is taking a number of mothers with their young children to Bronté.

The work of the Heather Club and of its Friendly Visitors has been powerful in its effect on some of the homes.

The co-operation with the school nurses will show excellent results. Children exposed to Tuberculosis under adverse conditions are reported to the Medical Inspectors of schools for observation, knowing that early symptoms of the disease will be noted. Anaemic children, giving a family history of Tuberculosis, are reported by the school nurses to the department, and many adult cases have been discovered in that way. Both organizations of nurses are planning for the time when Fresh Air Schools will be an accomplished fact.

The Division of Tuberculosis will be of value to the city in the future, because it serves as a Clearing House for the various agencies capable of doing constructive work in the Tuberculous Home.

The following is a brief summary of the past year's work:—

June 1st, 1911.—Visiting List..... 125

New Cases. 1258

Reported in writing by physicians..... 349

Reported by Laboratory. 66

Diagnosis secured through application for Sanitaria. 224

Reported verbally by physicians, by nurses and others not qualified to make a diagnosis..... 619—1258

(The first report only is recorded.)

Patients discharged. 260

Moved from city. 102

Deported. 11

Lost address. 18

Not Tuberculosis. 129 — 260

Deaths. 224

Old names returned to list..... 16

June 1st, 1912—Visiting List..... 915

To this record must be added 501 cases which have been recorded, but have not been visited by the nurses, making the total number of recorded cases, 1884—129 of which have proved negative.

Fumigations ordered. 581

Clinics attended. 212

Reported to Medical Inspectors of Schools for observation... 402

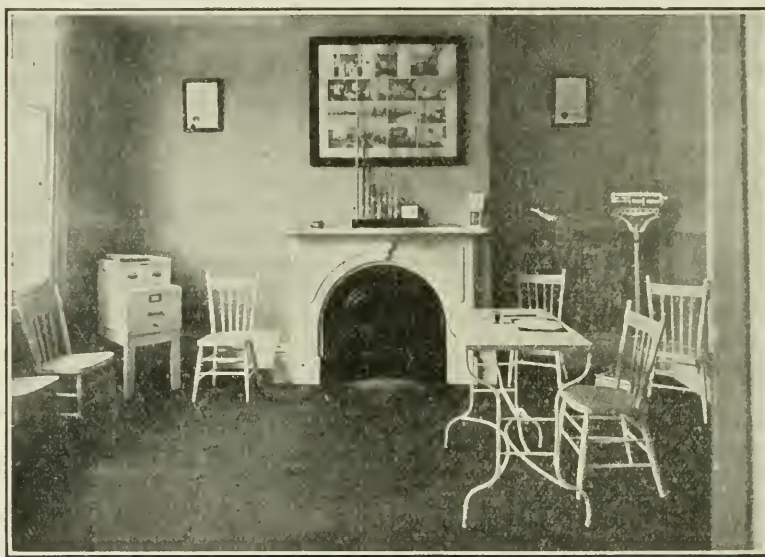
Reported to Sanitary Inspectors 61

Miss Stewart (Toronto)—Madame President and Ladies—Coming at the tail end of such a procession of papers on the Tuberculosis problem I don't know that there is very much to say. However, one or two things occurred to me as I sat listening, and that is, that all the enthusiasm that is being displayed along this line must be productive of wonderful results. When we think that there is no convention of people interested in health and public conditions to-day without a very large portion of the time being devoted to the consideration of the Tuberculosis problem, we feel that with all the attention that is being turned to that subject in a few years' time it certainly must make a great deal of difference in the number of tuberculosis cases.

I thought also, when listening to the various papers, something about the endowment that must be necessary for the work. Any nurse who takes up

Social Service work, I think, needs a very special endowment of what Scotch people call "gumption," and I think in regard to the Tuberculosis problem perhaps she needs even more of that quality, because the different problems that meet her in one day's work are so varied and call for a good deal of administrative ability. She needs, for one thing, endless patience, because the advanced tuberculosis cases (I suppose it is the same, perhaps, in other chronic diseases) become very unreasonable and irritable and hard to deal with. It is very difficult sometimes to get them to see things from our point of view.

Another thing I think that the social service nurse needs particularly is that quality that is brought out in the little story, "Molly Make Believe." You know her rather irreverent application of Paul's words: "There remain these three, faith, hope and charity, but the greatest of these is a sense of humor." A social service nurse needs a great deal of that in her make-up, because the problems that come before her notice, even in one day's work, are so varied. She comes in contact with strained relations between husband



Waiting-Room, Tuberculosis Dispensary National Sanatorium Association, Toronto

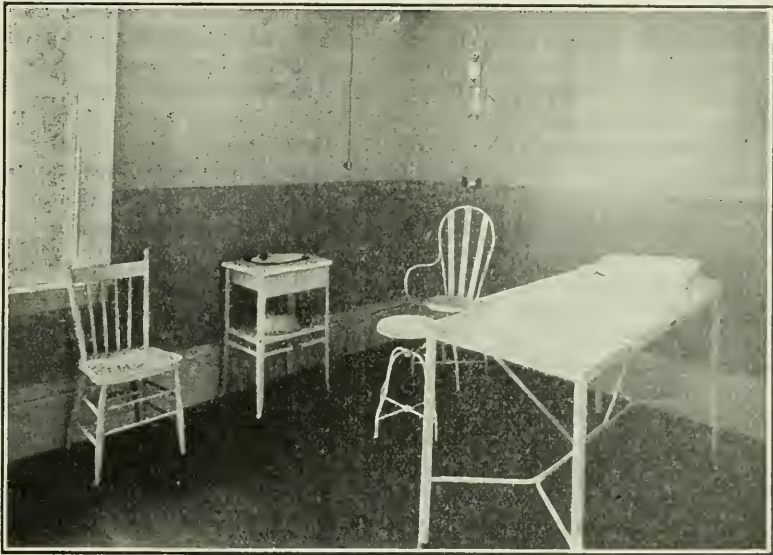
and wife, home problems of every description, she has to get homes for children, etc.

One thing that has impressed me in my short connection with this work is this: Canada has a great deal more than the share she should have of tuberculosis cases to deal with, and the need of more stringent immigration laws is very apparent to any one in this work. We know that cases get into the country that really ought not, and, of course, become a public charge. They may be deported if they have been in the country less than three years, but many of these cases when they come under our notice are too ill to be deported and have to be taken care of.

Your President asked me to give you a short sketch of the work in the dispensary established by the National Sanatorium Association. It was begun in December and I presume it is run on somewhat the same lines as other dispensaries. Since the opening of the dispensary 275 cases have been treated—117 new cases. The relief side is looked after by a club of ladies called the Good Samaritan Club. Mrs. R. N. Burns is the President, Mrs. Herbert Tilley

the Secretary, and Lady Gibson the Honorary President. Milk and eggs are supplied to patients that need them, and we also have our loan hospital where we have supplies, as bedding and other necessities.

In talking with Miss Dickson, the Superintendent of the Sanitarium at Weston, she mentioned a little incident that brought very clearly before me the value of the work along preventive and educative lines. She told me about a little girl, about seven years of age, who is out there. She went some months ago. The children play with their dolls, and the game usually is that their dolls are supposed to be patients. The dolls take the cure and go through the regular routine. This little girl remarked she wished she had a pouch for her doll's handkerchiefs. She had a number of little papers screwed up into balls to represent the handkerchiefs. She remarked to Miss Dixon, "I wish I had that pouch, because the doctor will come around in a little while and what shall I do if this is very untidy?" Anyone who knew anything about the home that child came from would appreciate that very much. When we found the case there were four generations in the house. This little



Examining Room, Tuberculosis Dispensary, National Sanitarium Association, Toronto.

girl's father was a man of 39, and, to show you how early these people take upon themselves the responsibilities of life, he was already a grandfather. This little girl slept in a room that had no window to the outside, only into a shed, and things were pretty bad. I am sure that since she has been in the Sanitarium she has had a few lessons in personal hygiene and cleanliness that didn't come into her life before.

Another feature of the work I might mention,—One girl came to the dispensary who was anaemic and badly nourished. She was about 18 years of age, not too well equipped mentally. After having her under observation for some time, it was decided that she had not tuberculosis. She worked in a printing establishment where the conditions were not very good. She also slept with all the windows closed. After visiting her and arranging to have her sleep out of doors we found after a short time that she improved a great deal, but still seemed very dull and lifeless and didn't seem to take any interest in anything. I said to her mother, "Cannot you get Annie interested in anything outside of her work? It seems to me that is what she needs. Does she

ever go out; hasn't she any companions?" The mother, who was an English-woman, replied: "I think you are quite right, miss; I think if she had a young man to take her out to the Nigger show, she would be all right." (Laughter.) Of course that didn't come within my province; I couldn't manage that part. (Applause.)

President—These most interesting papers on tuberculosis have been very helpful and instructive, and if there is anyone who would add a word to the discussion we can give you five minutes.

Mrs. Pafford—I would like to ask if these young ladies can tell us whether tuberculosis predominates in one nationality more than in another.

Miss Dyke—We don't know. It is one of the things we are watching. We know we have had a larger percentage of cases from amongst the Macedonians. In the last few weeks we have had 30 registered. Those 30 have come from Macedonian lodging houses where there will be four beds in a room. They say that in Macedonia they live like that, and sleep in a crowded state, but in that country they have no roofs to the houses and the climate is different. I have not really any statistics yet to say what nationality is most susceptible in Toronto. I know myself there are more cases amongst the colored people and Italians, but, of course, the housing has something to do with that.

President—One or two items of business before we close.

Moved by Miss Pringle, seconded by Miss Wardell, that Miss Jamieson be the representative to the Canadian Nurse Editorial Board. Carried.

Miss Stewart, Toronto, moved the following resolution:—

Resolved, that whereas it has come to the knowledge of the members of this Association that certain members of the Academy of Medicine are paid lecturers in a short course School of Nursing in Toronto, we desire to call the attention of the President of the Academy of Medicine to that fact and to place on record our protest against such a state of things.

Seconded by Miss Brent. Carried.

Meeting adjourned at 4.15 p.m. to go to the Mountain Sanitarium where the nurses were received by Mrs. Crerar, President of the Ladies' Board, Miss Hannah, Dr. Holbrook and members of the staff. A sumptuous tea was thoroughly appreciated by all after their climb up the mountain in the bracing air.

Dr. Holbrook then took the nurses through a number of the buildings, showing and explaining charts and X-ray photographs, which were most interesting and showed what splendid work is being done at the Mountain Sanitarium. The Association then gathered in the Lecture Hall and listened to a most interesting and instructive paper by Dr. Holbrook.

TUBERCULOSIS FROM THE NURSE'S STANDPOINT.

By J. H. Holbrook, M.D., Hamilton.

I am going to discuss this question of tuberculosis as it applies to nurses, from two points of view: (1) What the nurse should know about the disease to enable her to employ preventive measures that will prevent all danger both to herself, and to others in the household of the patients; and (2) what she must know about the disease to enable her to be of the greatest service to the patient in enabling him or her to effect a cure of the disease.

So with regard to the first question I would begin with the statement that prevention, must always be the foremost aim in tuberculosis work. Far more important than restoring one sufferer to more or less perfect health again, is the duty of preventing the several other members of that family from falling a prey to this scourge. If a patient is ill enough to require the attendance of a nurse he should be in a room by himself with the windows open, the curtains removed and the floor bare of carpets and rugs, while all furnishings should be as simple as possible. Next there must be installed habits of absolute cleanliness. The patient's moustache and whiskers should be clipped and the use

of a sputum box must be insisted upon. The nurse should see to it herself that the sputum cups are changed sufficiently frequently, and that the contents are properly destroyed by fire. If porcelain cups containing carbolic acid are used she should also see to the disposal of the contents and make sure that the cup is thoroughly scalded before being re-used.

Then for a patient who coughs frequently it is well to have tissue handkerchiefs that can be held before the mouth and catch the particles of spray thrown out by the act of coughing. We use white tissue handkerchiefs cut 7 x 14 inches, and the patient holds them so that the part coughed upon is turned inward and the handkerchief when soiled is then pressed into a small ball and deposited in a paper bag. When the bag is filled it also is taken away to be burnt. When the patient is very ill and weak these handkerchiefs will need to be held before the patient's face by the nurse and as an extra safeguard in such cases there should be a basin containing some disinfectant near by, so that the nurse's hands can be washed each time after doing any work about the patient. Further it should be an invariable rule to wash the hands before going to meals and before eating and it is well for the nurse to make it a rule never to eat in the patient's room. I say this, not because there is danger if proper measures are insisted upon, but because, if the nurse is careless about this matter she may grow careless about others and thus lead to danger.

Another question to be decided jointly by the doctor and nurse is that of fumigating. When we move a patient to a sanatorium we move him into surroundings which we know to be free from danger, but if the nurse goes into the home of a consumptive who has been ill for some time and who has been careless or ignorant of the nature of this disease and of preventive measures the house will in all probability be already infected and a source of danger. When we move a patient from such a house in the city the health department sends its officers free of charge to disinfect the room or rooms the patient has used, so when there is any suspicion of danger the nurse, too, should insist upon thorough fumigation of rooms previously occupied by her patient. Fumigation should be followed by thorough scrubbing of the floor and washing of the woodwork and other washable parts.

Such measures insisted upon when the nurse begins her work in that house would strongly impress the importance of preventive measures at the proper time. And the duty of the nurse is not alone to the patient, but in this disease it is to the whole family. She has to teach that household practically a new standard of living, and fortunately she is by her training especially adapted for such practical work. In fact the influence of a properly trained nurse must be greater than that of the physician, for the occasional short visits of the doctor cannot exert as great influence as the example of the daily life of a nurse in constant attendance.

Such measures instituted by a nurse would soon dispel the misinformed opinion of the laity that a sanatorium, or the sick-room of a tubercular patient, need be a dangerous place. It would instead make apparent the fact that the only danger rests with the careless or untrained consumptive. In fact the reports from Sanatoria show that where such measures are rigorously carried out the nurses, instead of being in any danger, grow more healthy because of the more regular and healthful life.

Thus for a nurse to refuse to take a tuberculous case is for her to confess, either that her training as a nurse has been deficient, or that she does not believe she has the force of character to insist upon the establishment of proper precautionary measures. But let me add that if the patient or members of the household wilfully refuse to carry out her instructions with regard to preventive measures, she is to my mind only taking the proper course if she leaves such a case to his fate. Seldom, however, will such a case be found. Rather will the nurse almost invariably find this her opportunity not only to relieve the suffering of the diseased, but also to protect the healthy from disease, and

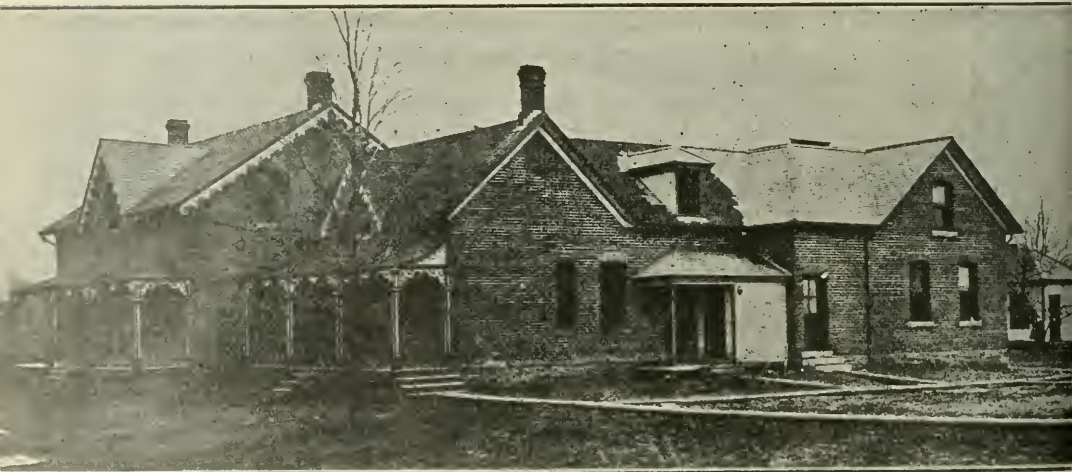
thus carry out those high ideals that led her to choose nursing as her profession. In no other disease is there so much that a nurse or doctor is permitted to do and if the nurse or doctor is thoroughly trained it is done at no risk whatever, so to refuse to go at the call of such a case is to miss one's greatest opportunity of doing good.

Now leaving preventive measures let me refer to a few of the points about the disease that a nurse should understand if she is to be of the greatest aid to the patient himself. Here let me repeat that this is a social disease predisposed to by incorrect living and part of the cure consists in teaching the patient to live correctly. This is what the sanatorium attempts to do, and treatment goes hand in hand with teaching. In fact teaching is part of the treatment and it is simply because it is easier to teach in a sanatorium where many are learning the same lessons that the sanatorium is the best place for every patient at any rate for a short time at the commencement of treatment.

And, unfortunately, the training of a nurse who usually sees but the acute diseases, to a certain extent unfits her for nursing a case of tuberculosis. For instance in a case of lobar pneumonia the nurse is delighted if the temperature is under 100, and throughout the short course of the disease she studies to keep the patient as much as possible in ignorance of his condition. Again it is the custom of the nurse just as soon as the patient feels strong enough, to urge him to take a few steps, gradually increasing the amount of exercise without regard for so slight a temperature as 99 or 99.6, or even 100. But in tuberculosis her attitude on each of these points must be reversed.

I have already referred to the nurse as a teacher when she attempts tuberculosis work, and the reason for needing to teach the patient is very simple. In an acute disease the patient is exhausted and besides he is resigned to three or four weeks of illness. But in tuberculosis the treatment in bed of an ordinary case is only beginning at the end of four weeks and long before the active stage is checked he is feeling rested and fit to at least get about the house. When this stage arrives it will be impossible to keep the patient in bed continuously for perhaps many weeks more, unless you are able to explain to him just why this is necessary, and this the nurse should be able to do, and she can only do this if she knows the nature of the disease and of the treatment required. The nurse must then *understand thoroughly the nature of the temperature in tuberculosis.*

Tuberculosis is a chronic disease of long duration and when the tempera-



Mountain Sanatorium, Hamilton. (Courtesy of Canadian Association for Prevention of Tuberculosis.)

ture chart comes to resemble that of acute pneumonia, the outlook for the patient is very serious. In such a disease a slightly abnormal temperature continuing into weeks is quite as serious, and in some respects more so, than a very high temperature in some acute disease which is likely to run its course in a few days, or a week or two. It follows then that the taking of the temperature becomes an important matter. In no case can you form accurate conclusions when the temperature is taken less often than every four hours, preferably at 8, 12, 4 and 8. In early cases it is the rule for a tubercular temperature to rise a little above normal only towards the close of the day, so if it is taken less frequently this rise may be missed altogether. The course of a tubercular temperature is in fact so characteristic that at the dispensary when we are in doubt as to whether a case is slightly active or latent, we never give a decision until we have a temperature record for a few days. I would like to add here that if it is discovered that a person is running a slightly abnormal temperature every day for some weeks, and no cause is apparent, that person should be urged to have a thorough chest examination made in the hope that if tuberculosis is present it may be discovered in an early stage. Serious as it is at any time this seriousness but increases with each day's delay.

Then, with an understanding of the temperature, it is equally important that the nurse be able to teach her patient the part that rest and exercise play in the treatment. It is an accepted fact to-day that exercise in tuberculosis at the wrong time is always harmful, and what I would have you remember especially is the fact that except in very rare cases no exercise should be attempted until the temperature has been running normal for at least a week, and until the pulse rate is under 100 per minute. This to my mind is so important that I would like to repeat it; and to add that any other method will almost invariably either greatly increase the time that the treatment is necessary or change a hopeful into a hopeless case. Then when exercise is indicated this should be commenced very gradually and slowly increased week by week until after many weeks or months the patient is restored to his or her optimum working capacity. This latter should be decided by the physician, and during this time of gradually increasing exercise, the rule still applies of no exercise if temperature goes above 98.6 or pulse above 100 per minute.

But in using the term "rest" it may be wise for me to explain just what that word means; for the general idea of its meaning, strange to say, is very hazy. The majority seem to think it means to quit work and lie around the house most of the day, going for a stroll at some part of the day, and being on hand when callers arrive. Nothing could be farther from the meaning of rest. It means for the patient to go to bed and remain there patiently day after day, avoiding excitement (and callers come under this head) and not even reading if it affects the temperature harmfully. This should be continued as long as there is an abnormal temperature or a pulse above 100, even if the patient says he never felt better in his life. There is a deep-rooted idea in the public mind that if a patient adopts such a course he will get weaker every day, but every sanatorium for early cases is proving over and over again the fallacy of this belief. The only time when it does not matter whether a patient running a temperature does not remain in bed is when that patient is so weak he cannot do otherwise, for then his case is hopeless.

Further I would say with regard to exercise, that, contrary to the general opinion, driving should not be the first exercise attempted. In fact it should not be attempted at all until the patient has become able to walk a considerable distance. One reason for this is that the vibration is harmful, a second is that it is so easy to continue driving to the point of fatigue, and the third and most important is that exercise of the patient's own muscles is beneficial both in restoring tone to the muscles, and in producing an auto-inoculation which hastens the healing process in the lungs.

Another matter following naturally after exercise, that should be under-

stood is that of fatigue. This in fact is one of the earliest symptoms of tuberculosis. For the normal person a proper amount of fatigue after exercise or work is normal and healthful, but where one is over-fatigued from very little exercise, and where the night of rest does not overcome the fatigue, this condition continuing day after day, the possibility of tuberculosis being the cause should always be considered. And again if your patient is going about fatigued you can almost take it as a rule that he is doing badly. An abnormal temperature during a course of gradually increasing exercise tells you to stop all exercise for that particular day.

If you, as a nurse, thoroughly understand this disease, you will be able to educate your patient (for the consumptive should always receive this education) in such a manner, that he should not only grow well again, but also remain well. He will understand how the cure has been effected and will perceive that his future health is dependent upon careful rational living throughout the remainder of his days. Dissipation, or reckless, or even too strenuous living must have no part in the future life of a cured case of tuberculosis, and unless the persons responsible for the treatment of these cases, succeed in instilling these ideas deep into their minds they have come far short of fulfilling their whole duty.

My words have had special reference to the nurse who goes out to take charge of special cases, and as these are usually among the well-to-do are comparatively rare. It must ever be remembered that tuberculosis is especially a disease of poverty and the nurse who would give her time especially to tuberculosis work must come in contact with the people below the poverty line. But to do this the nurse should live, not more poorly but better than the ordinary nurse does, and I predict that when cities and municipalities and the general public come to realize the tremendous drain on their resources as a result of loss from this disease, each municipality will supply several trained nurses for this work alone, and at remunerative wages. Such a scheme would not be a further drain on the treasury, but would greatly reduce the present drain, and I believe this will very soon be realized.

In that day the nurses chosen will undoubtedly be those who have had the best all-round training, and who are best fitted by education and by social qualities to go into the homes of the poor who are afflicted with tuberculosis. She would need to go to her work with a heart full of sympathy for suffering humanity, and her work would be judged by the success she had in inducing these people to carry out her instructions. This would be a work for broad-minded nurses of high ideals and it seems to me it would correspond very closely to the ideals with which most nurses began their training.

In the meantime if nurses undertake to care for cases of tuberculosis with this understanding of the disease, there is a social work for them which they are in duty bound to carry out; and which is only partly carried out when they see to it that their patient no longer is a source of infection to his household. This is important, but just as important is the duty of seeing to it that no other early cases go unrecognized. Let me here remind you that the proper time to diagnose tuberculosis is not after you can find the germs in the sputum. The disease may be there months before there is either any sputum or a cough, and the only signs may be a little loss in weight, slight anaemia, more than a normal fatigue, and a slightly abnormal temperature. In fact the opinion of workers in tuberculosis is growing stronger day by day that there are two outstanding factors in the tuberculosis problem.

One is that the active adult case of tuberculosis with germs in the sputum, must not be allowed to infect others, and the other is that the most vulnerable period of life is in early childhood. Indeed, many believe that the great majority of our active cases of to-day received the infection which first set up their disease while they were yet young children.

Thus you can see the need—nay, the duty—of suspecting that every child in the home of your patient, if he is an advanced case, may be already infected. By inducing another inmate in this home who presents suspicious symptoms to be examined while the disease is still early you do two things for him. You greatly increase his chance of recovery, and you may save him from becoming an active case that thus becomes a source of infection to others.

I have prepared this paper with these two ideas in mind and shall be well satisfied if you realize that in this way you can even now in private nursing have a part in this great work of social reform.

The Mountain Sanatorium.

JOINT MEETING.

Friday, May 24th, 8 o'clock p.m. Y. W. C. A. Hall.

Mr. T. H. Pratt, Chairman of the Board of Governors, City Hospital, occupied the chair.

Meeting was opened by prayer offered by Rev. Dr. Drummond.

Mr. Pratt—I understand that the Mayor and also our Medical Superintendent, Dr. Langwill, has welcomed you to our city. On behalf of our Board—it may be a little late—I welcome you to the City of Hamilton and to this Convention. I hope your stay will be pleasant and profitable. I am quite sure that your late President has been quite energetic in doing a lot of work and a lot of thinking on your behalf. Again I say we welcome you to our city and hope your stay will be very pleasant.

Mrs. P. D. Crerar—Mr. Chairman, Ladies,—I felt it quite a compliment to be asked to address you, for I know that you come from a great many parts of Canada and that you assemble here for a Convention that means a great deal, probably, for the good of humanity, certainly for the good of your own selves and your own development. I think that in all nursing the good of humanity is what you keep before you. Consequently, when I was asked by Miss Madden to address you this evening I felt that I could not speak about a better subject than the first woman who ever, according to history, thought about hospital work.

I want to carry you back, ladies, to 1207, the early part of the thirteenth century, in Hungary, to look at the birth of a beautiful young princess, the youngest daughter of King Andrew the Second of Hungary. She was christened Elizabeth. She was, according to all reports, a most beautiful and charming child, and they say in the old chronicles that she was a saint even then. As to that, we do not know any more than what the chroniclers tell us, but that she was beautiful must be acknowledged, and that she was a princess we know. She was betrothed at the early age of 14 years to Prince Louis of Thuringia, a very appropriate union. She left her father's home in Hungary and went to this foreign court, and from that time on history begins to tell more about Princess Elizabeth of Hungary. She saw outside her husband's gate, as was to be seen outside the gates of the castles all through Germany, in fact, all through Europe, loathsome spectacles of lepers. Leprosy was at that time rampant throughout Europe. There seemed to be no means of combatting that terrible disease that was so well-known to be infectious. This beautiful young princess and her ladies, as they walked down from the Castle of Wartburg, continually had to pass by these poor lepers, who were put out on the streets to receive alms. Apparently there was no hope for them. They had to lie outside and die. Her heart was touched by their sufferings, and this young and beautiful girl devised a plan whereby they should erect at this Castle of Wartburg a Hospice containing 17 beds for these poor lepers, and she and her beautiful court ladies came down daily to dress the sores of these unfortunate people, and feed them. Her husband, who was a young cavalier, fond of hunting and so on, objected to the princess'

devotion to her alms-giving, and to her giving, as he said, of all his substance to keep up her Hospice. This old story in the Roman Catholic Church has been preserved in story and in painting. You will find in every country through Europe beautiful paintings of the old masters depicting the wonderful miracle of St. Elizabeth, and it always sets forth a beautiful young princess coming down the steps of a castle. Her lord and master, reining up his horse, sternly demanded what she had in her apron. She was carrying alms to her unfortunate lepers, and stood afraid, trembling, but the saints protected Elizabeth of Hungary, and when in obedience to her husband's command she opened her apron every picture shows that it contained nothing but beautiful roses.

This occurred, of course, in the thirteenth century, so that we cannot say if the story was authentic, but undoubtedly it has come down through all these centuries as being a legend of St. Elizabeth of Hungary. It goes on to say that her worldly husband, touched by the protection of the saints for his beautiful young wife, became equally a Christian and a good man, and when he died in 1227, leaving her a widow, he was called on his tomb "Louis the Saint." That shows the influence, at least in her own household, of St. Elizabeth of Hungary.

To go back to her outside work: for those ten years when she was a princess and had this money and power at her command, she must have worked unceasingly, for she only lived to be 24 years old and died four years after her husband was taken away, but in those four years she had by her example seen 70 hospices erected throughout Germany. That is the work of a very young woman who died young, and who was thought in those old days to be so worthy that Pope Gregory canonized her years after her death, because the people from all Germany came to kneel and pray at her tomb. Have any of us in our day heard of a princess (not even our sweet Princess Patricia, who is loved wherever she goes), who attained such wonderful power at the age of twenty-four?

We modern women think that we know everything. I know it is rather the idea of the age that they were rather poor things away back in the 14th century, but did any woman—Christabel Pankhurst or anybody else—change the whole thought of an empire, the whole thought of a continent, like St. Elizabeth of Hungary who died at twenty-four? No, not one! I will tell you why. Apart from everything else, she must have had a quality which you and I can have if we like, and by which we can sway thousands. John Oxenham knew all about electricity, but he said the greatest motive power in the world is well directed enthusiasm about anything that you take up. It is more potent even than this marvellous electricity which we hear and see so much about. Electricity has done wonders, I grant you, but it could not do what people who were enthusiastic have done. This young woman from 14 to 24 years of age started a campaign that has absolutely stamped out leprosy in Europe. You are all people who have worked in hospitals and know what I am talking about. I would like to know how many of you have seen lepers. (Three hands went up.) I have been told by doctors whom I have asked about leprosy that in England, when a case comes to a London hospital, they send round to the other hospitals to let them know, it is so rare. At the time Princess Elizabeth lived leprosy was rampant. Every person had a chance of getting it because those afflicted with it lay round in the streets, and it was a plague all through Europe. You open any history of that age and you will find that was the case; it was very common in England and everywhere else. It crept in principally, I believe, through the Crusades; so many of the men of England, Scotland and the other northern countries went to the Crusades and brought back this loathsome complaint. It raged particularly in Central Europe, and there it took root as a certain plague that I am going to speak of later takes hold of the brightest here.

Now, St. Elizabeth lived a great many years ago, and you will think that perhaps I have gone a long way back to give you a talk about her, but the reason that I am doing so is that I am going to express a wish that is very strong in my

heart, and that is, "Would to God that we had in Canada a St. Elizabeth." Because if we had a St. Elizabeth here, with all the conditions that she would have of modern sanitation, and the absolute immunity from infection which you with your modern knowledge can insure for yourselves, there is no limit to what a St. Elizabeth could do. You ladies in these modern days, who have all this aseptic treatment, all this care, all these preventives from infection will take in what faith St. Elizabeth of Hungary must have had when she went and washed the sores of those loathsome lepers without any of the things you have to help her in fighting disease. You will say to me, "She was a perfect fool to do it," and that is the modern idea. No, she was upheld by faith, stronger, I believe, than the faith that upholds many of us now. We are very much better educated, dear friends, than St. Elizabeth of Hungary, but we have not got that faith in the Providence that sees that not even a sparrow falls to the ground without His knowledge. She did it because she knew quite well it was what she should do and that she would be taken care of. I doubt if we have that simple faith that they had away back in the 13th century, but if you had that faith, plus the knowledge you have got, what could you not do—faith added to what you have. I think it would be the most tremendous power that any women's society can contemplate. You would say to yourselves, "I will take all due precautions, and, over and above that, I am guarded." It would be something so wonderful and so strong that there wouldn't be the least chance of any one of you turning away from a case that was even as awful and as loathsome as this that I speak of nursed with her own hands, and without any of the precautions that you would take now, and that is why I particularly feel that I wish I could raise up in Canada St. Elizabeth of Hungary and her band of devoted women.

I noticed last year, I think it was, that Dr. Adami, in speaking to the nurses, pointed out how the Roman Catholic Church, of which he is not a member any more than I am, had a tremendous chance to stamp out tuberculosis and other kindred infectious diseases in Quebec. He said, "Here we have a band of devoted women, Sisters of Mercy. They work simply for their board. They take care of all these cases of chronic diseases, and we have in Quebec a strong body of women who are working because of their faith." He showed that in Protestant parts of Canada there were women with the same strong faith, who could band themselves under a leader, if there was such a leader to be found, and could attempt the stamping out of tuberculosis through the incurable cases, which he maintains is the only way to stamp it out—to segregate the incurable cases. He said, "I would suggest that some good, strong woman come forward to devote herself to the noble work of establishing a Sisterhood for the cure of tuberculosis, in generous emulation of the work being done by her Catholic sisters." Surely this is a lifework that will appeal to our Canadian womanhood, a work that will spread and spread until it embraces all Protestant Canada. He ended his address by saying, "And who will come forward." I to-night, in speaking to you of St. Elizabeth of Hungary, echo that wish. Where can we find a St. Elizabeth of Hungary, a woman of such high ideals, with such great knowledge, love of humanity, that she will lead a devoted Sisterhood of people who will help to stamp out the disease that is so rampant in Canada—Tuberculosis. If we had a devoted woman like that, if we had devoted Sisterhoods of the Protestant religion—I know the Deaconesses do good work; they are fine women, too—but I mean the nurses who, for the love of God and humanity, will take their lives in their hands and with high ideals set themselves to do this for their country, just as St. Elizabeth of Hungary did. What I wish to say, friends, is this, that in Canada, this new country where we can stamp out things that are wrong and start things as they should be, we can absolutely, within the next quarter of a century, stamp out that dread complaint. Every book you read tells you it is possible. We want leaders, faith and the strongest of all things, the greatest power in the world, *enthusiasm!* Granted these things, I believe as I stand here that we can stamp out tuberculosis in Canada within a quarter of a century, with the appliances we

have, and, added to that, I hope and pray, the faith and the high ideals of St. Elizabeth of Hungary, who died aged 24 in 1231. (Applause.)

Miss Bowman's paper was read by Miss Brennan.

Miss Stewart's paper was read by Miss Crosby.

REGISTRATION.

By Miss C. M. Bowman, Superintendent General Hospital, Portage la Prairie, Manitoba.

I regret that I am unable to present this paper in person. In the Western Provinces, I believe I am voicing the opinion of the great majority of the Nurses, when I say that we are sadly in need of Registration. In the first place, it is a new country and there are numbers of nurses here who have migrated practically from all parts of the world, among them are those who have made failures in their own country, others who have spent a short time in a hospital, and think they will be able to make a success of nursing in a new country where they are not known. Some, no doubt, are without question graduates and do excellent work, others we do not know until there has been some damage done, and I speak from experience when I state that there are some nurses who have only had a partial training who come to the West and pass themselves off as Graduate Nurses, and charge their fees, and I grant you there are times when the doctors and the public as well, are almost glad to procure anyone who calls herself a nurse. Possibly these nurses happen to go to cases that do not call for skilled nursing, and all goes well with them for a time, until they strike some difficult case that will require genuine skill, and they cannot meet the emergency and the consequence will invariably be they will cast a reflection on the Graduate Nurse, and as we stand at present, we have nothing to prove that we are not in the same class. I realize that the Graduate Nurse must be protected, at the same time I feel strongly that the middle classes who cannot afford a Graduate Nurse should be provided for, and intelligently. Of course, I hear someone say, these people can be provided for in hospitals, but it is not always convenient for these people to leave their own homes. And when we think of the fees, why it is out of the question entirely for the middle classes; indeed, in many cases the nurse's fee would amount to more than the head of the house is earning. Surely a trained nurse would, indeed, be a luxury for these people. The question of registration must be considered from many standpoints. Some nurses have said to me, "What have I to gain by registration? I have all the work I can do." One point to be gained is this. Why should a young woman of education, refinement and ability spend the best three years of her life not only doing brain work, but actual manual labor and practically have nothing to show for it but a diploma and medal. I grant you it has its value, but why should we not have university recognition and allow them to confer the degree of R. N. Surely we are entitled to this, even the schools of Domestic Science are affiliated, and they have their degree from the university, and why should not a nurse have hers, provided she has passed the prescribed examination?

But before we procure legislation there are many questions to be considered, what consideration must the graduate of a small hospital have, and what standard must the future graduates have.

The Western Provinces cannot possibly get along without their Cottage Hospitals. They are absolutely necessary. But the question arises, are the graduates from these hospitals to be eligible for the R. N. degree, and is it fair to them, and to the public as well, to send them out as graduate nurses with only a meagre idea of nursing, and it is not their fault, for it is impossible for them to gain experience when they cannot see the cases, and I feel strongly that it is our duty before we obtain legislation, to work out some scheme whereby the nurse will not be the loser, and also that the hospitals will be benefitted as well.

In some of the smaller hospitals, possibly, there will be only two or three nurses in training and one or two doctors to give the full course of lectures, and it is only reasonable that these doctors are scarcely to be expected to give the full course in theory, and the practical side of many subjects will of necessity have to be neglected. I claim there is nothing like theory combined with actual experience in the hospital.

To my mind, the greatest problem to be solved is, what standard will make a nurse eligible for R. N.? The size of the hospital must be decided, and it should be a General one, taking in all patients and giving training in all the different branches of nursing and where these subjects are not taught, they should be affiliated with a larger hospital.

If a small hospital graduate is not eligible for the R. N. degree, what is the future of a small hospital? It is difficult enough now to procure probationers, and what would it be if there was nothing to be gained after three years training but a diploma and medal and not qualified to register as an R. N. Why the result would surely be, it would be impossible to get probationers, and the Training School would die a natural death, and the final outcome would mean either close the hospital door, or employ graduates, and, as I said before, the West cannot get along without the cottage or smaller hospital.

I claim that no hospital should attempt to maintain a training school, and send out Graduate Nurses if it cannot meet the requirements or arrange to affiliate with other hospitals that will provide fully for what has been lacking in their own school, therefore, you will see the necessity of having some definite standard, and this standard must be decided before the question of registration can possibly be settled, I believe the question of affiliation is a very serious one, for there are many disadvantages, as well as advantages, and it will have to be thought out and considered carefully.

Advantages of affiliation first to the nurse herself, she would have a larger experience, a nurse in training could take two and one-half years in her own hospital and six months in the large hospital. but, of course, that would have to be decided according to the needs of the smaller hospital or she could take her affiliated training in the middle of the term, by that means she would be more valuable to her own school, returning no doubt with many new ideas that it would be impossible to obtain elsewhere.

To my mind it would be next to impossible for any nurse to be qualified, say for surgical work without experience in the O. R., and she may read asepsis and antiseptics and think she understands it thoroughly, but what would we find without the practical side? The same in obsteteries, and, I believe, in fact know, that there are some hospitals which do not give a training in all departments of the work, and is it right to graduate these nurses and send them out on an unsuspecting public to gain experience regardless of the result. Affiliation is the only thing for the small hospital if they desire that their graduates be eligible for registration. No question it would be a great advantage to the smaller hospital, the training school would continue to exist, and their nurses graduating would be a credit to their school, and it would be more economical than supplying graduates to do all the nursing.

A Superintendent of a small hospital is, as a rule, a very busy woman, and she does not have the time to do the teaching as it ought to be done, and a great deal is left to the doctors, and their plea invariably is, "I am too busy," or "I have a call to the country," and we can't expect too much of them, when, probably, as I said before, two doctors have to give the full course, and we all know that it takes considerable time, and we could scarcely blame them if they object. On the other hand, the nurse of necessity must be the loser, and the question arises, how can these matters be adjusted, to the best advantage to the nurse and to the hospital? I believe the only solution of the problem will be the abolishment of the small training school, or affiliation. I may state that in Saskatchewan they have a law that I believe came into force the beginning of this year, and the

small training school has been abandoned entirely; so they have not the same difficulty as the other Provinces. There are certain requirements before organizing a training school. They must have accommodation for thirty beds, admission of twenty patients per month, four resident doctors within a radius of one mile from the hospital, and not less than two graduate nurses employed, one-tenth of their bed capacity for obstetrics, and the same provision made for infectious diseases, and tubercular cases. One could scarcely expect two or three doctors to give the same number of lectures that possibly in a large hospital is given by twelve or fifteen doctors. When one considers it all, is it not true that a graduate nurse from a small hospital is handicapped in many ways. I grant you, she may be able to do private work equal to any, but she cannot be fitted for institutional life, for she has not had the experience, but with affiliation she would gain this experience which would be of untold value to her.

On the other hand, we have the disadvantages of affiliation. What would be the choice of one Superintendent, might not be the choice of another, and the smaller schools are often obliged to take on an inferior young lady especially in the line of education, and the question arises, would she prove herself equal to the occasion? We must continue to keep the standard high, and it would be a continuous strain on the part of the Superintendent to keep her during the affiliated course, even though in her opinion she felt that she was incompetent, but she would not have the power to refuse her after being a pupil in a small training school: then if we have affiliation who will pay travelling expenses, salaries, etc.? The nurse would not be expected to pay her own, but who would?

A great deal of the success will depend on the nurse herself, but I feel sure that many going into the larger hospitals would be like teaching probationers, and, on the other hand, some might adapt themselves very quickly to circumstances.

If we have affiliation we must have a uniform curriculum, and an examining board or training school inspection, and not each hospital setting their own examinations. What subjects are to be taught each year would need to be defined. One can readily understand what confusion it would be for the Superintendent not to know what the affiliated nurse had been taught.

Then we must look at this from the standpoint of the small hospital. If we limit the number of beds and legislate that they must not train nurses; or if there is no law to prevent them from training nurses, except that they will not be able to write R. N. after their name, in a very short time these schools would cease to exist, for they would not be able to procure probationers, as there are few young ladies who would care to take a training, and then at the end not be able to register. They would be able to nurse, but not as a registered nurse, and this would almost compel them by force of circumstances to abolish the training school and employ graduate nurses or affiliate.

Then there is the financial end of the small hospital to consider, for on the whole the majority cannot now meet the expenses, and now where it costs them possibly not more than eight dollars per month for a nurse in training it will cost them from forty to fifty dollars per month for a graduate. A graduate might be able to do more work, but that would not meet the extra expense entailed. For my part, I cannot see how it could possibly be arranged that the graduates of the smaller hospitals could possibly write R. N. after their names without affiliation for they would not be qualified.

The Registration Bill, if passed, will make grades in the profession, first, there will be those eligible to register, those who try to register and fail, and the grade of graduates from non-eligible schools. Now these grades without registration do not exist; but in the event of us obtaining registration, it is not our object to prevent those nurses from earning their living in the profession. The only thing we want is the nurses who are eligible desire this recognition by law. No doubt the registered nurse would, and justly so, expect a higher salary,

but that would have nothing to do with fixing the rate of non-eligibles. Higher acquirements always call for higher salary.

Just a word, before closing this paper, regarding the selection of probationers. If we are to have affiliation the Superintendents of affiliated schools will need to be very judicious in their choice of the probationers, for the success will depend largely upon the nurse herself, and if a nurse has not all the qualifications necessary, and, particularly, I might mention the education, affiliation will be of no value whatever either to the nurse herself or to the schools.

Miss Stewart says:—"I should like the Nurses' Association of Ontario to know that I appreciate greatly the fact that they have asked me to take part in this Annual Meeting. Though I have been working in New York for a few years, I am very deeply interested in nursing affairs in Canada—indeed, I never can feel that there is any international boundary separating the nurses of the two countries, for so many of our prominent women here are Canadians, and all that anyone contributes is bound to affect nursing interests in both countries.

"Had the meeting been a week later, I would have been with you in Hamilton."

NEWER BRANCHES OF NURSING.

By Miss J. M. Stewart, Department of Nursing and Health, Teachers' College, Columbia University, New York.

We are too close to the events of our time, and too deep in the many perplexing problems that our work presents, to realize fully the significance of many of the issues and tendencies in nursing to-day. It is only by looking backward, and viewing the astonishing developments of the last few decades, that we get any idea of the ground we have covered and the very rapid pace at which we are travelling.

We need not go back to primitive nursing, or to the care of the sick in ancient and medieval times, to get a clear picture of the advances of modern nursing. We need only recall that fifty years ago such hospitals as there were in England and America were most of them hot-beds of pestilence, inconceivably filthy and unsanitary, badly organized and inefficiently administered. Such nursing as they had was for the most part by unintelligent and very often vulgar and immoral women. The care of the sick, especially in public institutions, was a pretty sordid and inhuman business; the mortality rate was very high, and it is small wonder that people begged to be allowed to die in the streets rather than be taken to the hospitals of those days.

Things have changed rather considerably in the last thirty or forty years. As a result of Florence Nightingale's work in England, the first training schools for nurses began to be established in Canada and the United States about 1872. Here, as in the older countries, there was of course a deep-rooted prejudice against the new order. A great many people protested against the "lady" nurses, and even the majority of physicians professed themselves absolutely satisfied with things as they were. In spite of all opposition, however, the schools made rapid headway, municipal and philanthropical institutions for the care of the sick multiplied and flourished, and the professional nurse began to be an accepted and, in time, almost an essential factor in the public and private care of the sick.

We cannot ascribe all the remarkable changes of the next ten years to improvements in the nursing service, though it is difficult to imagine how all the sanitary reforms, housekeeping improvements and humane measures—even the brilliant achievements of medicine and surgery—could ever have been accomplished without an efficient and intelligent nursing staff. In a

recent book describing the conquests of modern surgery, Dr. Saleeby gives equal honor to Lister, the father of antiseptic surgery, and Florence Nightingale, the mother of modern nursing, for the revolution which has been accomplished in this field and in the related fields of contagious diseases and midwifery. It is a debt not always acknowledged, and Dr. Saleeby's graceful tribute will be much appreciated by nurses everywhere.

But the little seedling of Florence Nightingale's planting, would have had a very short span of life had it not been lovingly tendered and watched over in those earlier precarious years. In spite of influences tending to restrict its growth and warp it in one direction and another, it shot up straight and strong. There were only four branches of nursing in those days—army nursing, first of all (though it almost died out in the years of comparative peace that followed), regular hospital service, private nursing and district nursing. The stronger and more ambitious of the pioneer nurses became superintendents of nurses in the new training schools that were being established all over the country. Many occupied other executive positions in hospitals, while the rank and file became private nurses. Here and there a specially devoted one consecrated herself to mission work among the poor. Even ten or fifteen years ago, district nursing was regarded as a new kind of sisterhood, demanding such unusual endowments of grace and religious zeal, that only the elect could hope to qualify. I remember one ardent and impulsive young woman who was always yearning for "experiences," suggesting district nursing as a possible field of work, and being promptly told by her classmates that she was not good enough to nurse the poor. It was only in the larger centres that such organizations as the Henry Street Nurses' Settlement had begun to show the essentially practical and social nature of this kind of service, and to establish it upon a systematic basis.

This was the period of organization and solid growth. Under the leadership of a few strong women, nurses got together, studied their common problems, fought their battles, and learned to stand together in support of their common ideals. Little by little a system of education began to be formulated, a beginning was made in a nursing literature, and out of all the scattered elements working up more or less blindly in different lands, a profession began to emerge.

Scarcely had we begun to get solidly rooted and established as an organized profession, when the period of rapid and almost sensational expansion began to set in. To number and describe all the various lines of work into which nurses now enter, would be almost a hopeless task. What I will try to do is simply to show the main outgrowths from those four original branches, and to indicate, if I can, some of the forces which have helped to determine their direction, and direct their development.

Army nursing we will merely touch in passing, because we trust the time will soon come when there will be very little need for the army nurse as such. Gratifying changes in the organization and status of nurses in army and navy hospitals have been developed recently, and here in Canada, I understand, a volunteer corps for service in event of war, is under process of organization. The Red Cross, which has always been so closely associated with war, is now extending its activities in many other directions. Under the new system of organization in the United States, there will be an army of volunteer nurses in every state, trained and ready for emergencies of fire, flood, industrial accidents, epidemics, and such local, national or international disasters. There will also be a body of nurses trained and maintained by the Red Cross Society for steady service in rural districts, and out-of-the-way settlements, for preventive and educational work, as well as nursing in the homes. It is expected that the service will be established on much the same system as the army corps, and that a large number of nurses will in time be needed as privates in the regular service, and as supervisors and organizers of the force.

Hospital and private nursing have changed a good deal in recent years, both in the character of the duties performed and the scope of the work itself. These changes have come about mainly through developments within the field of modern medicine. Physical and natural methods of treatment are supplanting drug treatment in many diseases. There is an increased elaboration in the technique of diagnosis, and a new emphasis on the treatment of psychic conditions. Surgery has become a large special field, where the nurses' services are almost essential. As less and less dependence is put on drugs, more dependence is being put on good nursing and hygienic measures. Anybody can administer medicines, but it takes a very intelligent and experienced person to manage a rest cure. So, with the increase in nervous and mental disorders, the more specialized feeding care required in nutritive disturbances, especially among children, the nursing of tuberculosis, of fevers, and other special conditions, there is an increasing demand not only for professional nurses, but for nursing specialists in these different fields. The highly trained, thoroughly equipped private nurse was never more in demand than she is at present, whatever may be said in praise of the good old general servant type of the older school.

Not only is better nursing demanded, but with the increased elaboration of technique in clinical diagnosis, more and more of the routine examinations and tests are being turned over to the office nurse and the nurse on private duty. Many physicians are too busy to attend to urine tests, bacteriological examinations, and other routine laboratory work, and the training of the nurse must now include some of these commoner diagnostic procedures. Nurses have not sought these added duties and responsibilities, they have been thrust upon them. The time was not so very long ago when the clinical thermometer was considered much too complicated an instrument to trust in the hands of a nurse. It was argued, that if the nurse learned to take temperatures she would inevitably become a cheap physician. The same note of alarm is heard when nurses are found to be taking blood-pressures, doing blood counts, and manipulating stomach tubes. Though we all vehemently declare that nursing is not at all the same thing as medicine, and that the nurse never should and, indeed, never wants to, diagnose or treat disease, we must admit that with the multiplication of all these semi-medical procedures, it is increasingly difficult to define just what her field really is. She is called the extended hands of the physician, the private soldier in the medical army, the tool or machine through which the physicians' orders are executed, and many other metaphorical titles, more or less derogatory and misleading. We ourselves are not always sure just where we stand in relation to medicine.

It seems to me that we must recognize two or three distinct functions of our modern hospital and private nurse. First of all, she represents just as distinct a branch of medical science and art, as is dentistry and pharmacy and surgery. The physician is not a nurse, any more than the nurse is a physician. He prescribes nursing as a therapeutic measure, just as he would prescribe massage or electricity. This nursing art, which has been mainly worked out by nurses themselves, has its own clearly-defined principles, and should have its own standardized technique, though much that is strongest in it can never be standardized or defined.

But the nurse acts also in the capacity of laboratory assistant to the physician. As medicine gets farther away from the old cut-and-dry empiricism, and relies more on acute observation of the reactions in the individual patient, every treatment becomes a scientific experiment, the details of which can never be absolutely foretold. The nurse, who is to be a real co-operator in these delicate experiments, must bring more than a pair of willing hands to do the doctor's bidding. She must bring an alert and trained intelligence to carry out the tests which he initiates, to keep all the surrounding conditions

favorable, to guard over the crucible in his absence, to report and record all the changes which take place, and to do the right thing promptly and intelligently when a crisis occurs.

This conception of the nurse's function is becoming far more common among thoughtful physicians, and they look for such co-operation not among the uneducated, undertrained, more or less mechanical workers, but among those who have trained brains and consciences as well as skilled hands. It takes a woman with a fine sense of responsibility and balanced judgment, to discriminate between essentials and non-essentials, and to know where she must stop short and where she may safely act in the commonest emergencies—indeed, to know when an emergency occurs. No rule can tell her and no routine directions suffice for all conditions. It will be found, too, that it is not the scientifically trained assistant who takes it upon herself to suggest measures and initiate new procedures. She knows that she has not the special training for that particular kind of job, and she leaves diagnosis and treatment to the specialist in those lines. In the Rockefeller Hospital in New York, where the most important investigations are always in progress, they employ only graduate nurses, and these are carefully selected from the most expert and scientifically trained women they can find. One thing is certain,—nursing raised to the Nth degree of efficiency can never become medicine or surgery. It becomes something which we have reason to claim is of probably equal, though different value,—thoroughly good nursing.

This leads us to some other branches that do overlap the field of the regular medical practitioner somewhat. In the hospitals and in office practice nurses are acting as surgeons' assistants, and especially in the last few years as administrators of anaesthetics. Even in the conservative East many of the large hospitals are now employing resident nurse anaesthetists with satisfactory results. Nurses are also qualifying themselves to operate electrical and x-ray machines, to give the various light treatments, and to manipulate the different types of orthopedic and mechanical apparatus used in the physical treatment of disease. In none of these fields is there a very large demand, but the fact that an increasing number of nurses are always to be found doing this kind of work, is rather significant. I am inclined to think that where there is no special or urgent need, and no demand except for a cheaper service, we should resist rather than encourage those new activities that lead the nurse away from her own special field, where there is so much need for her. There is one thing absolutely certain, no nurse is ethically or morally justified in undertaking responsibilities for which she has not had adequate preparation, and for which she is not personally responsible. If we are to remain in these fields of medical practice, a standardized training should be made compulsory, and legal recognition demanded.

Midwifery is one branch of medicine where there seems to be a special call for the nurse. She is after all taking up the work which originally belonged to her, and which in many countries is still considered to be peculiarly a woman's work. With the menace of the ignorant foreign midwife, who still reports from 50% to 60% of all births in American cities, and in the face of the prejudices of the foreign people against men obstetricians, it seems to be almost a duty for nurses who work among the poor, to qualify as practicing midwives for normal cases. In England, where many of the best class of nurses take the training in midwifery, the whole tone of this work is being raised, and an excellent and safe service is given in families where the services of a good physician cannot be procured. All midwives are registered, and nurse inspectors are employed to teach the more ignorant women and to supervise their work. Statistics show that where this system is established the mortality rate of mothers and babies has been greatly reduced, physicians are called in far more frequently in abnormal cases, and so instead of competing with regular medical practitioners there is a better appreciation of their services and more co-operation than before. It

looks as though such a system might be followed in the American cities very soon. Already Bellevue has established a school for midwives and the results so far seem to be hopeful. The next thing is for nurses to be ready to become inspectors and instructors in the field, even if they do not take up the work in the homes.

We come now to the third great branch—hospital and training school work. The greater opportunity for initiative and leadership here continues to attract women of executive and administrative ability and powerful personality. These positions offer more opportunity for advancement, and higher salaries than any other type of nursing work. In 50% of the hospitals of New York State the Superintendent of the hospital is a nurse. Usually she is principal of the training school as well. Practically all the small hospitals throughout the country are managed by nurses, and in a few cases larger hospitals are administered by them. Executive positions as assistant and night superintendent, supervisor, head nurse, housekeeper, dietitian, etc., are largely filled by nurses. In one or two schools, one officer is employed whose exclusive duty is to look after sick nurses, and it is becoming customary to employ a nurse as matron of the nurses' home.

The possibilities in this old field of administration, have never been worked out. We are just beginning dimly to see the waste of effort and the loss of efficiency (to say nothing of squandered finances), which has been going on in our hospitals under the most conscientious management. Mr. Frank Gilbreth, who has been associated with Frederick Taylor in the new movement known as scientific management, has been making some most interesting investigations in connection with business efficiency in many kinds of institutions. He tells us that from the standpoint of scientific management, hospitals are the most mismanaged institutions he has ever looked into. Whatever exaggeration there may be in this criticism, we are bound to admit that we do not begin to measure up to factories and commercial enterprises, in the general efficiency and economy of our service. We must set ourselves to standardize and measure not only the dietary and laundry and housekeeping service, but the medical and nursing services, and to reorganize and readjust many of our very antiquated and complicated relationships, in the light of these new discoveries. We ought to be able to give the public 100% better service for the same expenditure, and to do it without grossly overworking our employees and staff as we do now. That is what scientific management aims to accomplish, and it will inevitably come. Specialists in hospital construction are also beginning to utilize and value the suggestions which come from nurses of experience and good constructive ability. Nurses who are far-sighted enough to get into these new movements, will render our hospitals and training schools a great service, and will find a very attractive and highly remunerative occupation awaiting them.

Just as medicine and nursing suffer from their various entanglements, so the yoking up together of the hospital and training school constantly leads to confusion and misunderstanding. There is no doubt that the educational and administrative phases of the Superintendent's work should be more clearly differentiated, but this is very difficult where the same officer occupies the position of Superintendent of the hospital and principal of the training school. With possibly only one assistant, she cannot measure up to all the duties expected of her, especially with the increasing demand for more theoretical work, and the recognized need for better teaching in the schools. In a very few hospitals a special instructor is now employed who spends her whole time in arranging courses of study and teaching. Such a position is equivalent to an instructorship in a high school or college, and requires an equally good preparation. We cannot expect physicians to do voluntary teaching for us, except in the case of a few special lecture courses. The tendency in the better schools is to employ a special instructor to handle most of the regular teaching in house-

wifery, chemistry, bacteriology, anatomy and physiology, hygiene, massage, and the various branches of medical and surgical nursing, while medical and surgical diseases, and possibly materia medica are taught by paid medical lecturers. The trained dietitian usually teaches cooking.

The probationer's instructor is a slightly different type of teacher. She is given charge of the various groups of probationers on their arrival, teaches them most of their theoretical and practical work, supervises them on the wards, and generally guides them from the devious paths and pitfalls that so often beset the feet of the unwary "**pro**". Surely the neophyte who enters her period of trial fortified by the companionship of a score or so of other probationers as fresh (and forlorn) as herself, welcomed by a special officer, and after weeks of coaching, gently initiated into the mysteries of beds and bath rooms, and ward etiquette—little needs our commiseration. Of course there are always severe officials who are disposed to ascribe all the weak knees and flabby spines to be found in our schools at the present day to this incubation method of rearing probationers. But from the standpoint of pedagogy and preventive medicine, as well as common humanity, the preparatory course is a great step in advance, and the probationer's instructor is here to stay till we find a better way of giving our students the fundamental preparation which they need for entering their professional work. The nursing school of our dreams will surely come some day. Even now affiliations are established with six or seven different universities for the teaching of the scientific and technical branches. In one at least of these universities (Minnesota), the hospital is part of the university, and the nurses graduate with the other students and share in all the social and academic privileges of college life. I understand that some such plan has been contemplated in Toronto under the new organization there, and I have the assurance of one member of a university council in Western Canada that such a scheme of affiliation has been favorably considered by that body, though no definite action has been taken in the matter. If we only had more faith we could bring in that era of nursing education almost any day, for the time is ripe and all the recent agitation about technical education has opened people's minds to the necessity of higher education for all our professions and skilled occupations.

Then we will want highly trained organizers and teachers, and we will not know where to find them. We need them even now, and you will, perhaps, be surprised to know that there is far more demand for the right kind of educated, competent, trained, teachers and Superintendents to fill important positions, than we can supply. The Department of Nursing and Health at Teachers' College was organized to help in training for just such positions, and though a larger number of students enter each year, the supply is still very inadequate, when the needs are considered.

There is another field for the nurse teacher which is on the horizon. Home nursing and first aid, is being taught pretty generally nowadays in connection with the Domestic Art and Home Economics courses in the technical high schools and colleges. The work has not developed as it should, owing to the lack of qualified teachers. Of course every one admits that a nurse is the logical one to do this teaching, but it is hard to get the right women, and unless we get the right women, it is hard to get the special appropriation to pay for a new type of work. A principal in one of the prominent New York high schools for girls told me the other day that if we could convince school boards of the real need for this kind of work, and could provide trained teachers to teach it, he had no doubt it could be introduced as an elective course into high schools with very little trouble. Think what an opportunity that would be, to reach and influence high school girls, to prepare them, not only for home life, but to interest them in nursing as a profession. We lament the scarcity of candidates, and the low educational standards that we are compelled to accept in

our nursing schools, but we have not yet begun to utilize the free educational forces at our disposal, and to influence the type of people we want.

Resident nurses are also needed in private schools and college dormitories, to advise and care for the students, and, in some places, to teach practical hygiene. In two or three cities, a nurse is employed to teach school children about tuberculosis. The whole question of the teaching of sex hygiene to school children, girls' clubs, etc., is now being freely discussed, and here again the tactful, capable nurse has shown herself to have many qualifications for that very difficult kind of teaching.

Important as all the developments are in the administrative and technical and educational phases of nursing, it is not in any of these branches that the most rapid growth is to be noted. The nursing of the poor and sick in their own homes, is as old as the deaconesses of the early Christian church, and there is a long and honorable history of such devoted service, both in religious and secular orders. But district or visiting nursing, as we understand it, was a very exceptional line of activity even fifteen or twenty years ago. Within that time the work has extended into almost every city and town, and into almost every civilized country. Rural districts are now being included in the service of some of the district organizations, such as the Queen's Nurses, the Victorian Order and the Red Cross. The Holman Association has been organized for nursing among the mountain whites of North Carolina, and Dr. Grenfel's Association for work among the fishermen at Labrador.

But the geographical extension alone gives little idea of the importance of this work. Out of it has grown such new movements as school nursing, tuberculosis nursing, infant welfare work, insurance nursing, and other specialized forms of social and sanitary service. Municipal and civic authorities are beginning to employ nurses in public health work in greatly increasing numbers. In New York City the staff of school nurses has been doubled within the last year—about three hundred school nurses now being employed and about one hundred and fifty tuberculosis nurses. Other cities have made proportionately large increases. Business organizations, such as factories and department stores, are employing nurses to look after the health of their employees; insurance companies are utilizing the visiting nurse associations as a means of preventing long and serious illnesses among policy-holding workmen; charity organization societies employ nurses to help restore wage-earners to efficiency, and prevent that dependence that so often comes from illness; churches and benevolent societies employ nurses as a practical means of showing sympathy and good fellowship. Societies for the prevention of blindness, infant mortality, tuberculosis, etc., place increasing reliance on the nurse both as organizer and teacher.

The range of these activities shows the change that has taken place in the character of the district nurses' work. Although she still cares for sick people in their beds, does routine treatment, and carries out the instructions of the physician in attendance, the largest part of her work may be, not doing, but instructing, not curing, but preventing illness. She is as much the assistant of the social worker and the educationalist and the philanthropist as of the physician, and in many cases it is she who initiates and they who co-operate. We have to thank such nurses as Miss Wald, of the Henry Street Settlement, New York, for many of the social and sanitary and industrial reforms that have spread broadcast over the country—school nursing, tuberculosis nursing, insurance nursing, the playground movement, and others.

Knowing the conditions in the homes as she does, keeping in close touch with the people, the district nurse becomes the reporter and interpreter of their needs, and the most effective kind of witness against social and civic injustice. But she is more than this. In spite of all the brilliant scientific and sanitary achievements of these progressive days, the rank and file of the people are still

hopelessly ignorant of the commonest rules of health preservation. It matters little how skilled our physicians are, and how wise our sanitarians, if the individual mother does not know how to feed and care for her children, the death rate of babies will still keep as high as ever. Somewhere in the chain of public defences, there must be some one who can interpret and apply all this highly specialized grist from the mills of science, to the needs of the individual home. People must not only be told, they must be taught. Florence Nightingale long ago said, "The only word that sticks is the word that follows work." The best nurses have always been health-teachers, consciously or unconsciously, and that is why their work has counted for so much. Specialists tell us that if tuberculosis is to be stamped out and contagious diseases reduced, that if the infant death rate is to be lowered and school children are to grow up healthy and strong, it will be largely through this house to house instruction which is being done by nurses.

Nurses are becoming also sanitary inspectors in factories and tenements, playground instructors, probation officers—even police matrons. They are working in schools for defectives, in reformatories, in clinics and day camps, in day nurseries, in board of health laboratories, in lumber camps, in all kinds of clubs and settlements. Wherever a new kind of fight is being put up against disease, or a new kind of charity is launched, you will find a demand for nurses. We are really becoming so embarrassingly popular that it is hard for us to preserve our native modesty. If we could only measure up to our wonderful opportunities!

Miss Wald calculates that there are between twenty-five hundred and three thousand nurses now engaged in the various branches of public health nursing in the United States. With the present rate of increase, that number will be doubled in a very few years. The recent endowment of the Nursing and Health Department at Columbia University was intended to prepare organizers and teachers for these various branches of district nursing work. So far the demand has far exceeded the supply, and indeed for certain important posts of great opportunity and responsibility, there seemed absolutely no one available who possessed the training and qualifications necessary. There is no doubt that if we fail to measure up to all these new demands the work will inevitably fall to other types of workers. Our work, while it is so much appreciated, is still under searching criticism. There are already signs of some attempts to train women who will take the place of nurses in some of these branches of social work, women who have what we so often lack—thorough training in the sciences, both social and biological, that underly our work, but so far competition has not been greatly felt.

I have sketched out a few of the newer branches of nursing, and tried to show the directions in which we are growing. It is a perfectly natural and inevitable growth, forced a little, perhaps, by powerful influences in the world at large—the new interpretation of charity, the new emphasis on social duties and responsibilities, the awakening of the civic conscience in matters of health, and the sweep of the new preventive movement both in medicine and philanthropy. Far as we may seem to have wandered, from our old sphere of duty, we have not covered any wider a territory than Florence Nightingale staked out and claimed for us. The germ of all this preventive and social work was in the seed which she planted, and we don't even yet begin to unfold all the possibilities hidden in that saying of hers—"Nursing is helping people to live."

Sometimes the demands and responsibilities of all these new duties and obligations, threaten to overwhelm us, but the enlargement of vision which comes with a wider range of activities, the almost unlimited opportunities for service that are opening up, and the new consciousness of our worth and dignity as a profession, ought to give us courage and determination to make

good. We all feel the lack of adequate preparation, but that can be overcome to some extent by study, by reading, and, perhaps, better than all, by getting away from our own contracted field to see what other people are doing.

I cannot leave the subject without saying one word more about nursing education. These changes which have been outlined, have altered the outlook for every nurse who graduates from our hospitals, and yet most of the schools are going on training nurses as if private duty and routine hospital work still comprise the whole nursing field. Any woman who wants to measure up to the modern demands in administrative, educational, social, and public health activities, is practically compelled to supplement the hospital training, not only with additional practice and experience, but with a good deal of scientific study which ought to have been included in her training. Even in private duty, as many of you know, the average training school preparation often proves quite inadequate for the work which is expected of us. We have surely got beyond that kind of training which aims merely to please the doctor. Important as our obligations to the medical profession are, we have many other demands to live up to that are not particularly concerned with medicine at all, but with **health**. We nurses must learn to stand on our own feet in this matter of educational standards and training. Here in Canada it seems to me, there ought to be very little difficulty in establishing good standards, for as a country we have always stood for the support of educational institutions, and our people as a whole are trained to believe in education, as the basis of efficiency in any line of work. I cannot conceive of any organized opposition to nurses' education, such as is sometimes met with in neighboring countries. Canadians are more conservative, and it takes us a little longer to make up our minds as to what is best to be done; but with the excellent type of nursing students that have always been the pride of Canada, and with the assistance of our good educational institutions, there seems no reason why we should not be the first to establish a system of nursing education that will meet all of these new needs, and will compare favorably with professional training anywhere.

Miss Madden took the chair.

Moved by Miss Scott, seconded by Mrs. Fournier, that Miss Carveth, of Goderich, be received into the Society of Superintendents. (Carried.)

Moved by Miss Brent, seconded by Miss Crosby, that a vote of thank be tendered to the following: His Lordship the Bishop of Niagara, Mrs. Crerar His Worship the Mayor, Dr. Glasco, Dr. Langwill, Dr. Davey, the Board of Governors of the Hamilton City Hospital, the Hamilton Health Association, Dr. Holbrook, Miss Mackenzie for her kindness in placing this hall at our disposal, all the Hamilton Nurses for their kindness during the Convention. (Applause.) (Carried.)

Meeting adjourned at 9.45 p.m.

HOSPITAL SOCIAL SERVICE WORK.

By Miss Nora Holman, R. N., Toronto.

In a little book entitled, "Social Service and the Art of Healing," and in various addresses on the social work at the Massachusetts General Hospital in Boston, Dr. Cabot comments on the high specialization in most large hospitals in regard to a patient's physical condition, and he emphasizes in a most illuminating way the lack of interest generally taken in a patient's needs in respect to his industrial and home life. The fact is so often ignored that a man's illness is very often induced by his poverty, his debilitating occupation, and his housing, as well as by his personal habits.

In recent years there has been started in connection with many American hospitals, and a few Canadian ones, a form of social service which is an extension of hospital work and which makes medical treatment more effective. Sometimes it forms a department of the hospital and the expense is shared by hospital and private contributions. Occasionally the training school assumes the administration or some charitable agency undertakes such work in connection with the Out-Patient Department of a hospital.

In the opinion of some of the directors of social service work, a nurse's training and some experience in visiting nursing are of great value to the social worker. In addition, some academic knowledge of social and economic conditions, and a familiarity with the modern methods of organized philanthropy will, if the worker is the "right kind of woman," make her of great service.

The reason work of this kind was begun, was because medical men and women in hospitals, thoughtful and religious people, and the greatly discouraged officers of charitable and philanthropic societies realized, as an English writer says, that the many thousands dragged into the morass of destitution yearly, those who are temporarily there, and those trembling on the brink, are brought to such a condition mainly by preventable sickness. They knew that people were not recovering in the true sense, but that poverty and ignorance continually contributed to undermine physical and moral health, and, as Dr. Cabot has graphically stated, physicians were losing sight of the background, i.e., the social and family history, in their intense study of the foreground, i.e., the bodily conditions.

In those hospitals where work of this kind is highly organized, a great variety of service is accomplished. There are classes for cardiac cases, as well as for those with tuberculosis; child welfare work, including infant feeding and the hygienic supervision of children with rachitis and chorea; special work in sex hygiene, which is a profession in itself, and as part of the campaign for the prevention of blindness, some eye and ear infirmaries have installed a social service nurse for "follow up" work in that special field. Then there are the general welfare and convalescent relief departments, friendly visiting, and always a form of service known at the Massachusetts General as "steering," that is, guiding a patient to whatever clinics may be necessary in order that complete physical fitness is restored, and directing him to the right philanthropic agency if he requires advice and assistance. Then if he is a foreigner, visitors of his own race find out his needs, and legal advice is always secured, if such is necessary.

In six months of social service work at the General Hospital, during which time one hundred patients have been referred to the department, no results of a very striking nature have been accomplished and few statistics have been possible, because of the fact that there have been too few of any one type or class to warrant any very definite conclusions being made. The large proportion of English, Scotch and Irish immigrants among the number referred, is, of course, due to the fact that these English-speaking new-comers to Canada make their needs known more readily to those of the same race than do others of the sick poor who by reason of their language are not easily understood.

That there is need for social service in many other cases which do not come to the notice of the Department, is well known, but work of this kind is new and must grow into the work of the hospital slowly, in order to be an efficient part of its service. The growth of the Department through the addition of the new patients has been dependent on the growing interest of the doctors whose co-operation and advice are absolutely necessary where hospital social service is attempted. It is a fortunate circumstance that a comprehension of the meaning of such a service prevails to a large extent at the General Hospital among the medical men.

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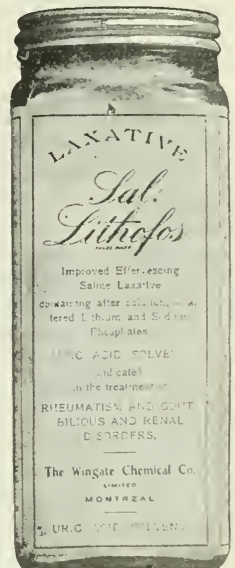
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Hearty co-operation with the Associated Charities has been continuous and much help and advice obtained by the worker. The same is true of the Social Settlements, notably the Evangelia. Their evening clinics and the modified milk station have been of much service.

The Department in its turn has been useful to outside agencies and to individuals interested in patients by getting information, a diagnosis and by co-operating in regard to a patient's special needs when he leaves the hospital. If a patient is sent to the hospital by way of the Social Service Department, the worker may help to insure his rather more prompt admission to the wards or possibly an earlier treatment at the clinic, if he comes to the Out-Patient Department.

While the majority of our patients are referred to the Department by the doctors, some are referred by the head nurses and others still have been accidentally found to need assistance. About one-quarter of the patients were referred as needing institutional care.

In case of insanity, the worker may accompany the patient to the special hospital necessary.

In case of epilepsy, provision has to be made for travelling expenses to Woodstock, and in some cases some one must be found to look after the patient on the trip. Thanks are due to the Salvation Army and the Church of England Deaconesses for assistance in this respect.

While procuring for patients admission to the Hospital for the Incurable has not been difficult, some adequate care for the aged seems to be a necessity, the accommodation for such being most limited.

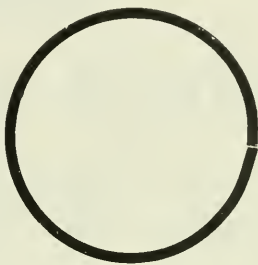
For the feeble-minded, there seems to be no provision. I have in mind a mother who has the care of her little girl of three, a congenital idiot, in addition to two children, one a baby of five months. For the sake of everyone in the household and also of the neighborhood, this child with idiocy should be taken to an institution, but none exists in Toronto. Surely for feeble-minded women the protection of an institution seems a compelling necessity. Other patients requiring temporary institutional care are the convalescents. No man, as far as I know, may receive such care in Toronto. For patients with no money or friends—perhaps in some cases having paid out their last cent for hospital maintenance—for these, the House of Industry and the Victor Inn are all that is possible. While invaluable for the casual tramp, they are not suitable for the convalescent. Social service is an endeavor to prevent a recurrence of disease, but all efforts are unavailing, unless medical care is supplemented by an organized effort to sustain a man physically until he regains some part of his industrial efficiency.

The Convalescent Home offers accommodation to sixteen women, selected cases, and excellent results are obtained. One regrets that normal girls who have had but one lapse from virtue should be debarred from that healthful hill-top atmosphere, and one wonders whether physical vigor can be maintained, and moral vigor ever cultivated in the average detention home, where no girl is allowed to go out and where very little air enters. For the girl who is afflicted with a venereal disease, there is no shelter, no rescue home, in this city where she can be isolated.

After convalescence, comes work, and another difficulty is encountered. Members of the ladies' committee in connection with the Department, and also the Associated Charities, have been useful in suggesting work for the normal man, but there is great need for a labor bureau with a sub-division for supplying work for the physically handicapped,—the man with a badly deformed hand who may so easily become a beggar, and the victim of partial paralysis who would work with his hands, if work were found for him. Of two such patients from the Toronto General Hospital, one is now engaged selling papers from a wheel chair at the waiting room of one of the Island ferries, the other,

“while it is said that ‘religion follows the flag’ it is also a fact that therapeutic results invariably follow the application of certain accepted remedies.

The primal thought following diagnosis is treatment, and in the selection of a remedy consideration is given to those possessing reliability of therapeutic action and should it be a case presenting inflammatory or congestive involvements, whether deep or superficial, antiphlogistine would, from extensive clinical evidence, seem indicated.



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also, has been assisted by this Department to become partially self-supporting. We wish that light work could be supplied to those domestic servants, shop girls and laundry workers, who leave the hospital after long and serious illnesses and are not sufficiently restored to take up their former tasks.

In regard to child labor in families known to the worker, there have been four cases of under aged children leaving school and taking up the duties of contributing to the family support. In each case one of the parents died from tuberculosis. The need of income is apparent, but what seems to me just as obvious is the wrong done by allowing children of twelve and a half and thirteen with a family history of tuberculosis to enter industrial life. One solution is a higher wage for the head of the family, because, of course, charity serves as a bounty to the employer, the wage is always depressed under such circumstances, and is kept down to the low level which makes it impossible to do away with those low standards of living which undermine health. If the mother is the wage-earner and working several days a week, her income should be supplemented by some outside agency.

Besides the helpful advice given in the homes of patients, where another sick person may be found and directed to the Out-Patient Department, where some unsanitary condition may be discovered and reported to the Health Department, or some case of need referred to the Associated Charities, there is considerable additional work done in the hospital which cannot be tabulated. It consists in arranging for no unnecessary delay in the filling of a prescription, where it is known that such a delay means a loss in wages to the patient, in finding out trains for patients, telephoning, writing letters, making small purchases, providing clothes when necessary, and occasionally, when patients must be refused admission to the hospital through lack of beds, by trying to secure for them admission to other hospitals, or communicating with visiting nurse associations in order that they may get nursing care when necessary.

In regard to the more intimate work in the hospital wards, there are many occasions when a social service worker may put her nursing knowledge to use. She knows that the regulation and discipline of the ward, and the various tests and treatments used all have as a basis the welfare of the patient, and she has time to serve as an interpreter of such measures, for while the majority of patients willingly agree to rules, a few, nervously irritable and uncomprehending, need special and kindly explanation. This causes a delay, but ensures better results, it awakens intelligence, and induces confidence and respect.

Apropos of education for the sick poor, there are many opportunities in an Out-Patient Department for instruction and information to be given. Signs, pictures, and mottoes would serve, and the long waits could be utilized for simple short talks on industrial hygiene, illustrating the dangers of certain trades and how these dangers may best be minimized, as, for instance, by the use of respirators in dusty trades, and by shields for the eyes in the steel and stone-cutting industries.

The Social Service work of the future will not be limited to the hospital in all probability, but will cover a wider field through the combined efforts of the medical universities and the departments of education, working with the municipal boards of health in a scientific, authoritative, and humane campaign for the conservation of health.

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NURSES SHOULD HAVE A BETTER EDUCATION.

All over Canada there is a movement among the nurses for better education and for a common standard. It is felt to be an anomaly that a woman who has received a thorough training in one Province should not be entitled to practice in another. On the other hand, it is dangerous to have women without training or with a very poor training professing to be competent to attend the most difficult and critical cases. At present there are among the nurses of this Province no common standards. Each hospital has its own course of training.

To be honest and faithful is to belong to the only aristocracy in the world—and the smallest.—*Israel Zangwill.*

Enthusiasm gives life to what is invisible, and interest to what has no immediate action on our comfort in this world.—*Mme. de Staël.*

Let us reflect that the highest path is pointed out by the pure ideal of those who look up to us, and who, if we tread less loftily, may never look so high again.—*N. Hawthorne.*

God will not look you over for medals, degrees and diplomas, but for scars.—*Fra Elbertus.*

Where you are is of no moment, but only what you are doing there. It is not the place that ennobles you, but you the place: and this only by doing that which is great and noble.

I shall pass through this world but once. Any good thing that I can do, or any kindness that I can show to any human being, let me do it now. Let me not defer it or neglect it, for I shall not pass this way again.—*Wm. Penn.*

Who learns with method retains with certainty.—*H. Taine.*

No virtue is safe which is not enthusiastic.—*Sir J. Seeley.*

To be faithful in little things is a proof of a noble mind; ungenerosity is the fruit of a narrow mind, as is also ingratitude.—*M. Armstrong.*

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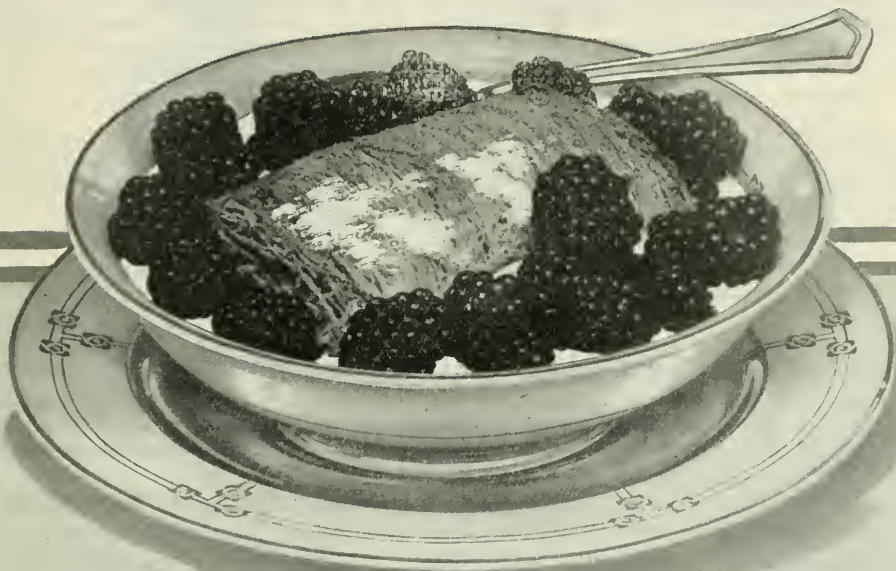
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Modern Methods in Nursing. By Georgina J. Sanders, formerly Assistant Matron at Addenbrooke's Hospital, Cambridge, England; formerly Superintendent of Nurses at the Polyclinic Hospital, Philadelphia, and at the Massachusetts General Hospital, Boston. W. B. Saunders Company, Philadelphia and London. Canadian Agents: The J. F. Hartz Co., Ltd., Toronto.

The writer, in the introduction, deals with "The Choice of a Training School," a choice upon which largely depends the future success of the nurse's work. "The Qualifications of a Nurse" and "The School Course" are also fully discussed and much valuable information imparted. This introduction might be made the basis of several lectures or talks to women who are thinking of becoming nurses. This information is so often acquired too late to be of practical value. The book is designed as a text-book to fit the curriculum required by the modern training school and from its first chapter on "Practical Methods" to its twenty-fourth on "The Head Nurse and Ward Management," every phase of medical and surgical nursing is carefully and clearly explained.

The chapters on Food, Food Values and Preparation of Food, with Diet in Special Diseases are of great practical value. Miss Sanders has given the profession a very practical and valuable text-book.

The Mother Books—I. Children: A Märchen. By Hugo Salus. Translated and published by A. C. Caton, 22 Mt. Carmel Chambers, Kensington, London W., England. 1/6 net.

This little book was written by an Austrian doctor as a method to reveal to children something of the mystery of their birth."

II. Dolls—Dead and Alive. By Otto Ernest, also translated and published by A. C. Caton.

"In the little *causerie* about his own children the author gives his views on dolls and little girls, and on a subject in regard to which parents are much exercised at the present time."

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W. B. Saunders Company have just issued a new (16th) edition of their illustrated catalogue which describes some forty new books and new editions published by them since the issuance of the former edition.

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THE CANADIAN NURSE

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THE PREPARATORY AND LATER TREATMENT OF OPERATIONS UPON CHILDREN AND SOME COMMON CONDITIONS.

Address delivered before the Graduate Nurses' Association of Nova Scotia
by Philip Weatherbe, M.B., Ch.B. (Edin.), Honorary Surgeon
the Halifax Children's Hospital, Lecturer in
Surgery, Dalhousie University.

There are many points regarding the nursing of children which are different from that of adults. The great dangers of operations are shock, hemorrhage and sepsis. The important one is shock.

Children succumb to shock very easily, therefore the prevention of it is essential and especially in those where the abdominal cavity is opened.

Shock is a condition of exhaustion of the vaso-motor centres with a loss of circulatory fluid from the body. There is a fall in the general blood pressure. The rapid action of the heart which occurs in severe shock is not due to commencing failure and exhaustion of that organ, but is due to its having an insufficient quality of blood. This explains why the injection of saline solution into the tissues or rectum makes the heart at once begin to work more efficiently, i.e., move slowly and forcibly.

Much can be done to prevent shock by the preparation and care of the child before, during and after all operations, and this largely depends on the nurse and the nursing. The doctor must attend to his part and the nurse to hers, for the prevention of shock depends upon their combined efforts.

A child must be kept warm before, during and after operations. This leading fact is the one all-important to the nurse. Other methods of restoring patients from shock, or preventing it, fail if they are not kept warm. Care should be taken not to overdo this; they should not be kept in a condition of perspiration.

Treatment Before Operation.

If the operation is to be a severe one, and if the child is weak or in a bad state of health, extra precautions should be taken, such as bandaging the limbs with cotton wool, giving a rectal injection of "normal" saline solution, or preferably a 10 or 20 per cent. solution of glucose, not overstarving the patient, but feeding within two hours of operating, instead of the usual four. (A cup of Horlick's malted milk is satisfactory, because it is readily taken by children, does not form a curd as milk will do, is nutritious, and supplies warmth).

A dose of castor oil should be given the night before operation, as well as a warm bath. Two hours before operation the skin should be prepared by painting it over a wide area round the required part with a 2 per cent. tincture of iodine, over which a sterile towel is placed. The skin should not be washed before the iodine is applied, as water causes swelling of the surface epithelium, closing the pores and preventing the iodine entering.

In abdominal cases the umbilicus should be especially attended to by swabbing it out thoroughly. A warm blanket should be wrapped round the child and a hot water bottle placed at his feet, if necessary one on either side as well, and lastly, the child should not be frightened by telling him anything about the operation; treat him as if the morning of an operation is like any other morning.

The way to prevent a child being frightened is to take no special notice of him, apparently devoting your attention to other things. What makes a child imagine he is going to be hurt or some unforeseen thing happen, is to pay him special attention and lay stress on the thing to be done, telling him not to be frightened, not to cry out, to be a little man. Take it for granted he is, and he will be. Let a child understand that he can trust you, that you are his friend, always to be relied upon. Once deceive a child by telling him an untruth, and he will never forgive or place his trust in you. Do not tell a child he is not going to be hurt, or that he is not going to suffer, when he is; gain his confidence by explaining things to him, and let him know anything to be done is for his benefit, to make him better. A child's hands should not be held down unless absolutely necessary. In most cases explaining to him that certain things have to be done, and if he is not quiet you will have to hold him, is sufficient. Once gain a child's confidence and you can do almost anything with him.

During the Operation.

No time should be lost at an operation. The nurse is responsible that everything necessary is at hand; if she is not sure, it is her place to ask the surgeon before the operation has commenced. So often at the critical moment an essential thing is required and valuable time lost by the nurse having to go for it. What stamps a nurse as efficient is that she has forgotten nothing, that she is prepared for every emergency. There is one point I wish to mention here, which is often neglected, that is, to have suitable sterile nail brushes. They should not be flimsy, but large ones with stout, thick bristles, and they should be boiled just before use.

The operating room should have plenty of light, free from fumes, such as those of gas sterilizers; no open fire or gas lights in the room, as chloroform forms poisonous fumes very irritating to the respiratory tract, causing bronchitis in many cases.

The temperature should be between 75 and 80 degrees F. The limbs of the child should be covered either with stockings or bandaged with cotton wool, and a light blanket over the body. The table should be one either with a heated top or have hot water bottles on it.

Just before commencing the operation, after the sterile towels have been placed in position, the nurse should hand the surgeon a sterile swab with some

tincture of iodine, to again apply over the skin. This is also necessary at the end of the operation when the last stitch is put in, to apply over the wound.

After Operation.

The bed should be ready before the patient leaves the operating table. Hot water bottles should be already in it, and blocks placed at the end of the bed in case of necessity.

In removing the patient from the table to the bed the child should be carried with his head and thorax lower than his abdomen, because if not in this position and he vomits he may aspirate some of the vomited material into the lungs and drown. A nurse should remain by the patient until he regains consciousness.

If the patient is suffering from shock, much can be done to relieve it. The position of the patient is of importance. The bed should be raised on blocks at the foot, so that the abdomen is on a higher level than the thorax and head and the patient without a pillow. This tends to prevent the blood accumulating in the abdomen and lower limbs and enables the blood to flow more readily from the great veins into the heart.

Elastic bandages, such as flannel, may be applied to the limbs, but should not be left on long on account of the damage they do by cutting off the blood supply. The abdomen may also be compressed with a flannel binder, so as to empty the large abdominal veins.

Transfusion of normal saline solution is one of the most valuable remedies we have in the treatment of shock. This may be continuous or repeated as often as is required. All the apparatus required is an aspirator needle in transverse section of its burners attached to three feet of rubber tubing, with a glass funnel reservoir, sterilized by boiling, and the saline injected into the subcutaneous tissues of the thigh or axillae.

Normal saline (salt, dr. 1 to water, 1 pt.) may be injected alone or either adrenaline, brandy or glucose added to it; the amount of brandy used depends on the age of the child. The adrenaline is mixed with the normal saline in a dilution of between 1 in 20,000 and 1 in 50,000, and the glucose should be mixed to make a 5 per cent. solution (which strength is isotonic with blood).

The effect is good as regards pulse, general strength and relief of thirst. Easily digested food should be given early by the mouth or rectum every hour or two. Digatelin and strychnine hypodermically are also useful.

Artificial respiration may be tried, often with a remarkably good effect; it draws blood into the chest to supply the heart and increases the oxygenation of the blood.

Children bear pain badly, therefore all possible should be done to relieve it. Morphia must be given very guardedly, as children are particularly susceptible.

Tincture opii ammoniata (paregoric) is the best preparation of opium for children; one oz. of this contains $\frac{1}{2}$ gr. anhydrous morphia, a safe dose to give is five minims for every year of age.

Children suffer from the effect of chloroform more readily than adults. There is one case in every 100 anaesthetics which suffers from the condition

known as delayed chloroform poisoning. The symptoms of poisoning usually develop two or three days after the anaesthetic. They are vomiting, restlessness, drowsiness, thirst, and the breath emanates a peculiar odor of chloroform or acetone and acetone is present in the urine. The treatment consists in giving a smart purge of calomel, soda bicarb 1 gr. to 30 and glucose dr. 1 to dr. iv. thrice daily. The last two may be given per rectum or subcutaneously if they cannot be retained by the mouth.

Over-starving and over-purgation of children before operations predisposes to this condition. It is a useful procedure in children to give them an injection of morphine and atropine three-quarters of an hour before operation, as they require much less anaesthetic and do not suffer so readily from acetonaemia.

Children may be given fluids, such as water, milk and water, or citrated milk, very early after operations, and saline should be given per rectum if they cannot retain water by the mouth. Their thirst should be appeased.

A Few of the Common Surgical Conditions of Children.

Burns.—These are very fatal. The nursing is the important part of the treatment. The main danger is shock at first and later sepsis. The principal points to attend to are keeping the burnt area from the air, keeping the child warm (with plenty of hot water bottles), giving hot drinks, such as hot milk and water by the mouth and hot saline by the rectum. Brandy may be given frequently, also strychnine and digitalin. The best application for the local condition is pieric acid in solution. Pieric acid 35 grains, alcohol 1¼ ounces, to 1 pt. distilled water.

This is applied by saturating lint or gauze in it and applying directly to the burnt surface, covering it over with absorbent cotton and a bandage, leaving it without changing for two or three days.

This solution is antiseptic, anaesthetic and not poisonous, and excels over other dressings by not having to be disturbed.

The later treatment when there is sloughing should be warm boracic or saline baths and boracic compresses until healing occurs. All oily preparations are harmful, as they retain discharges and prevent the proper cleansing of the part.

Tubercular joints are another extremely common condition in children. They should all be treated by absolute rest, i.e., fixation of the joint. When the spine or hip is affected, the child should be tied down on his back to a canvas frame made for the purpose.

The operation for the radical cure of Hernia is extremely frequent in children. The result largely depends on efficient nursing. The best way to nurse these cases is without any dressing. The children are usually tied down for the first few days, covered with a sterile sheet over a cage. The wound should be sealed daily by painting with iodoform varnish, (Whitehead's).

An extra precaution to prevent soiling the wound is to make a small hole in a finger cot, through which a piece of rubber tubing is placed. This is fastened with a piece of adhesive tape, so that the urine is drained into receptacle such as a bottle in bed.

Cleft Palate and Hair Lip cases should be nursed as far as possible by one nurse, whom the child is used to, so as to prevent it crying. The parts should not be examined for at least a week, and no local treatment carried out. It is better to feed the child on meat extracts, such as Valenine's meat juice, Bovril, etc., for the first few days, as milk fouls the wound.

In the nursing of young children it must be remembered that they are more or less helpless, and only indicate generally that something is wrong, and this is done by color, temperature, pulse, respiration, restlessness, drowsiness and crying. Therefore when acutely ill they have to be watched very closely and carefully by the nurse for any change in their condition.

The thirst of a child should be satisfied as far as possible. If there is no contra-indication a child should be given as much water or milk and water as it will drink.

Remember most children sample things by taste and swallowing, therefore all articles which might be harmful to them, such as poison, etc., must be kept out of their reach.

E. M. P.

Halifax, N.S.

MASTER MINDS IN MEDICINE.

Extracts from Dr. W. J. Fischer's Address to the Berlin Graduate Nurses' Association.

Musicians point with pride to the deathless songs that have issued from the golden inspired harps of a Mendelssohn, a Verdi or a Schubert; literary artists ever find new beauties in the incomparable works of a Dickens, a Dumas, or a Longfellow; painters and sculptors never tire of the matchless canvasses of a Michael Angelo, a Corregio or a Rembrandt. Why should not we then as physicians and nurses, take a deep interest in the glorious conquests of medicine and surgery and the men who blazed the wilderness during those stormy centuries, their souls thirsting for the things that lay there—somewhere out in the open spaces where the brain of man was glad to wander free and untrammelled—men like William Harvey, John Hunter, James Simpson, William Stokes and Claude Bernard, who occupy exalted and honored niches in the world's hall of fame.

If you will bear with me patiently this evening we will go on a little journey to the homes of Harvey and Hunter, and I hope you will be amply repaid, in plucking here and there many fragrant flowers of appreciation in those gardens which seem to grow more beautiful with the cheery visit of each golden spring, and the lingering kiss of each departing autumn.

William Harvey (1578-1657).

Discoverer of the circulation.

The foundation for modern medicine was laid when William Harvey discovered the circulation of the blood through the human heart. This was way back in the seventeenth century, but it gave the builders of science something to work upon. Two books epoch-making in their importance, stand to the

credit of Harvey, the Englishman, who besides holding many important offices in his day, was also physician to His Majesty King Charles I. They are "*De Circulatione Sanguinis*" and "*De Generatione*," and simple as they read to-day, they contain the fundamental truths on the circulation of the blood and development, as worked out through long, weary years of research at a time when medicine and science ebbed low and England was disturbed by convulsions of internal strife and war.

Harvey is looked upon as the first great discoverer of physiology—a branch that tends so much to the perfection of medicine—and even to-day men, great intellectual giants, point to him as a prince among physicians. It was he who first set his finger upon the heart and the vessels, studied, dissected and experimented upon them until he realized the important truth that was to be told to the world.

William Harvey was born at Falkstone, 1578, educated at Canterbury and Caius College, Cambridge. He entered upon his medical education at Padua, taking his degree in 1602, obtained the degree of M.D. the following year from Cambridge.

A life of unusual activity crowded upon him. Great strides were now being made in England in the study of anatomy. Everywhere were lectures being given and dissections made.

In 1628 his book on Circulation was first given to the world. Harvey's discovery disturbed many scientific minds. Some believed and praised the theory, others ridiculed it. Some went even so far as to cry out that he was insane. All this adverse criticism had little effect upon him. The framework of truth was there, raised by the work of years, and no arguments were strong enough to pull it to the ground.

He retired from active life in 1656 on account of failing health, and on June 3rd, 1657, the white messenger stole into the room of William Harvey—great man of the world—and closed his eyes forever.

John Hunter (1728-93).

Great man of science and surgery.

In the whole history of medicine it is almost impossible to find a more striking personality than John Hunter. We love to look back a few centuries with pleasure and satisfaction upon the eventful years that covered his life.

Picture Hunter going around as physician, surgeon, anatomist, biologist, pathologist and naturalist—all these faculties developed to a high degree—and your mind can form some conception of the strong, versatile talent of this great and wonderful man.

Hunter was not an idle dreamer, thinking and spinning out his wonderful theories. No! far from it. He was a builder. He worked upon strong foundations—his work was lasting. He was verily a Caesar among men.

Student of nature from boyhood up, student in busy days of practice, Hunter remained a student—a seer to the last.

He had not only read with his eyes, but he probed into things about him, and experimented and dissected with his own hands hundreds and thousands of living things in nature's vast garden. "Don't think—try!" he would say.

"Be patient, be accurate!" Simple words, it is true, but applicable to the present time to the whole range of medical science. To-day Hunter, the instructor of such great men as Astley Cooper, Abernethy, Thompson and Jenner, is looked upon as one of the greatest clinicians.

John Hunter was born on a small estate seven miles from Glasgow. Little is known of his childhood days. At school books had little attraction for him. There was only one book he loved—the book of nature, full of the living truths that his probing mind could not overlook. At the age of twenty he joined his brother, who had attained some prominence in medicine, at London. Anatomy was his principal study and the dissecting room his little world, where he slaved from sunrise to sunset laying up stores of knowledge that come to those who toil patiently and earnestly. Recognition and promotion followed and at the age of twenty-nine the future held great prospects; but Hunter cared little for the future—he worked in the living present. It was his intention to institute an enquiry into the various organisms by which the functions of life are performed, that he might acquire some knowledge of general principles—the first time this had been attempted or carried far into execution. His health broke down under the severe strain of research work and he was advised to go abroad. During two years abroad he gathered the material for his great work—"Treatise on the Blood, Inflammation and Gun-shot Wounds."

Years of unremitting toil followed. Always busy at his lectures, at his practice, his hospital work, he was still experimenting and dissecting.

His constitution was gradually weakening under the strain of all this work. To quote Thackeray, "He simply tore through life." Suffering from successive attacks of angina pectoris, his hand was still steady enough to perform for the first time in history the operation for aneurysm, an operation which has since saved thousands of lives.

In 1786 he could no longer walk, and consequently was driven wherever he went. But this was a busy year for him. Treatises and books from his ready pen were published.

World-wide honors and distinction had been conferred upon him. All his greatness was due to his own efforts. He was an indefatigable toiler and when the end came he died in the harness—worker to the last.

NINE WEEKS IN A FRENCH HOSPITAL.

After engaging to go as governess to the four children of Madame B—— in Paris, I learned that one darling was down with scarlet fever, which I had never had. Madame said there was no danger as the child was isolated and her doctor guaranteed that I would not take it. But after four days in the house I retired to bed with what the doctor was pleased to call *la grippe*. After a few days more he grudgingly admitted that I had "*Scarlatina*," but a mild attack. Madame B. got a Dutch woman to come by the day to look after me for three weeks, then I was sent to —— Hospital, as the B's wanted to have their quarantine lifted and the house fumigated. I could not lift my feet, but I could shuffle, so I refused to be carried. It took me what seemed an endless

time to get down, with the aid of my Dutch, to the waiting cab and impatient driver. Soon the huge gates of the —— Hospital closed behind me and I was introduced to my new abode—a small room off the main Women's Ward of the Scarlet Fever Pavilion. There were two beds in it, but as the second was used for up-patients I had practically a private ward. A Matron and two nurses were in charge and we shared the services of an orderly with the men's wing.

My door was partly of glass and the other patients would peer in at me with great curiosity until they found there was nothing unusual about the foreigner, "Mademoiselle Mees," and then what I did not see for myself I heard about.

The first thing in the morning the Matron made rounds, wearing a soiled dressing-gown and carrying under her arm a long loaf of bread from which she chopped off such a portion as each patient wished for—the day's supply. This was kept in the little bedside cupboards with shoes, etc. She (the Matron) did not always agree with the doctors about diet and would do as she saw fit in the matter. I was on a strictly milk diet, but she gave me bread, for which I suffered. My doctor scolded her sharply, but with little effect. To another patient she gave meat ahead of orders, and when a doctor was heard approaching told her hastily to put the plate in her cupboard.

I was in this Pavilion for five weeks, when orders were received that no more infectious cases would be allowed within the fortifications. So the patients were variously distributed to allow of fumigation.

On my very special request I was allowed to move into the Women's Medical Ward in the main building, where I remained twelve days and was then moved back to my first Pavilion—"Scarlet Fever" no longer—for three weeks more.

Baths were not given in this hospital unless the patient was considered dirty, or as treatment, and the presence of the orderly, a friendly soul, was never allowed to interfere with any of the ward routine and no screens were used. There was a bathroom off the ward for treatment, with a woman attendant. I took a course of starch baths, and then of sulphur, but the bath habit was not encouraged, and I was not allowed a third course. There was a bath also at one end of the ward and anyone using it did so in entire publicity. I saw the orderly carry one woman, undraped, to and from this bath, and one patient who intended keeping on her chemise until safely behind such poor shelter as the side of the bath might afford, was ordered by a nurse to strip first.

I was not disinfected before being moved into the main building, nor was my Matron who accompanied me and introduced me to the Medical Matron. When my new Head Nurse heard that I had been using my own linen, she said: "We have no nonsense of that kind in here"; and I was supplied with a hospital wardrobe:—A coarse (very coarse) one-piece chemise coming just below the knees, short sleeved, with a drawstring at the neck; a bed-jacket of soft twilled cotton, long sleeves, and fastening just at the neck, and a long, rough, blue coat lined with cotton, to wear about the grounds. We used our own shoes and stockings and a petticoat or skirt—I joined the petticoat brigade when able to move about.

I was thankful that my stay in the main building was short, for the "live stock" was appalling. I got very little sleep there. When I complained, they

had my mattress beaten, and the sheet spread beneath it was literally black. The nurses were very liberal with clean bed linen and apparel, but most of the patients must have brought companions with them, and these were taken as a matter of course.

There was more discipline in this ward, as there was more inspection than in the "Infectious." When the visiting doctors were about to make rounds a warning bell was sounded and all up-patients must jump into bed, and, with the bed-patients, lie like logs on their backs with bedclothes drawn up tight, feet flat down, and so remain until rounds were made, sometimes two hours, and woe betide the patient whose feet turned up.

When my diet was extended to fish and chicken I could get neither. The Matron always made some excuse of not having or being unable to get either just then, although I was more than willing to pay for them on the spot. My people in England were informed that my case was a mild one, and as I was in a hospital they were not worrying about me and little guessed how starved I felt. A patient, who had been a cook, and I used to plan the meals we would like to have. Bed patients were served first at meal times and there was not always enough to go round amongst the up-patients. However, a good Samaritan appeared for me in the person of Miss R—, a middle-aged Scotch lady who heard of me from my kind doctor. She visited me, bringing fruit and flowers, and when I left the hospital, still unable to lift my feet properly, took me to her apartment, and then to the station, getting my ticket, attending to my luggage and generally making me as comfortable as possible. I shall never forget her great kindness.

I do not know why she was allowed to visit an infectious ward, but she was so conscientious as to always walk home (a long way) after seeing me rather than endanger other passengers in a conveyance.

On reaching England I went at once to a Nursing Home, and here I was directed to a sort of summer-house and ordered to take a disinfecting bath. My trunk was deposited there, too, and I spread my things out on shelves for fumigation.

Fresh clothes were put on the doorstep for me, and after my bath I put out a shrinking but clean arm and gathered in the bundle. Mine was a weary body when at last I was bathed, clothed and pronounced "clean" and "safe," but my mind was at rest, for I was in England and near home.—M. H.

THE GROUCHES OF A GRAD.

THAT WASH.

It was not that Sadie and I approved of the Chinese that we sent our wash to a Chinese laundry; we didn't—not send our wash to the laundry but approve of the Chinese—I mean we did send our wash to the Chinese but didn't approve of the laund— Perhaps I had better start over again.

Sadie and I think that the Chinese are a great mistake, but with our little flat costing us thirty a month and living so high and going higher, and payments to be met or lose the lot and sometimes both of us out of a case at once, we naturally wanted to save where we could, and so sent our wash to Ah Wing's laundry.

where they only charge half as much for ripping up your things as the white places. At least we did send it up to two weeks after he lost us a complete set of everything each in the middle of last month. Not that we left him then because he lost the things, because that's liable to happen at any laundry, and they would probably have turned up again by degrees; no, it was what happened afterwards that made us change to the Non-Pariel, and I am just going to give the whole thing as it occurred and Sadie can say what she likes. I would hate to have any other nurses put in such an embarrassing position for want of a little warning.

It was really Sadie's fault. If she had been content for us each to ring up Ah Wing whenever we thought of it and demand the wash and call in together whenever we happened to be in the neighborhood—the laundry was in quite a nice part, only eight blocks from the flat—and ask about it, we would no doubt have got everything back as it was turned in, but one evening Sadie had an idea. It was nothing less than to intercept the seven foot by four policeman who came off the "point" at the end of our street at six o'clock every night, and ask him to accompany us to the laundry. Sadie insisted that the mere sight of the policeman would produce our wash right away, for she said that as the whole of the wash had been lost at once, it was all together somewhere, and had been accidentally overlooked, or deliberately suppressed; she was inclined to think the latter, but that was only her overweening anxiety for the laundry-bag. She had made a very nice laundry-bag, white linen, and had worked our combined initials on it in green silk, after a design of her own, so beautiful and intricate that when the silk had run a little it did equally well for the Maple Leaf Forever—not that I would tell Sadie so, because that was not her original intention. As I was saying, this was Sadie's theory, and she kept on about it so that when two weeks had passed and a lot of ringing up and two personal calls had failed to bring us back so much as one cuff apiece, I agreed, and we spoke to the policeman.

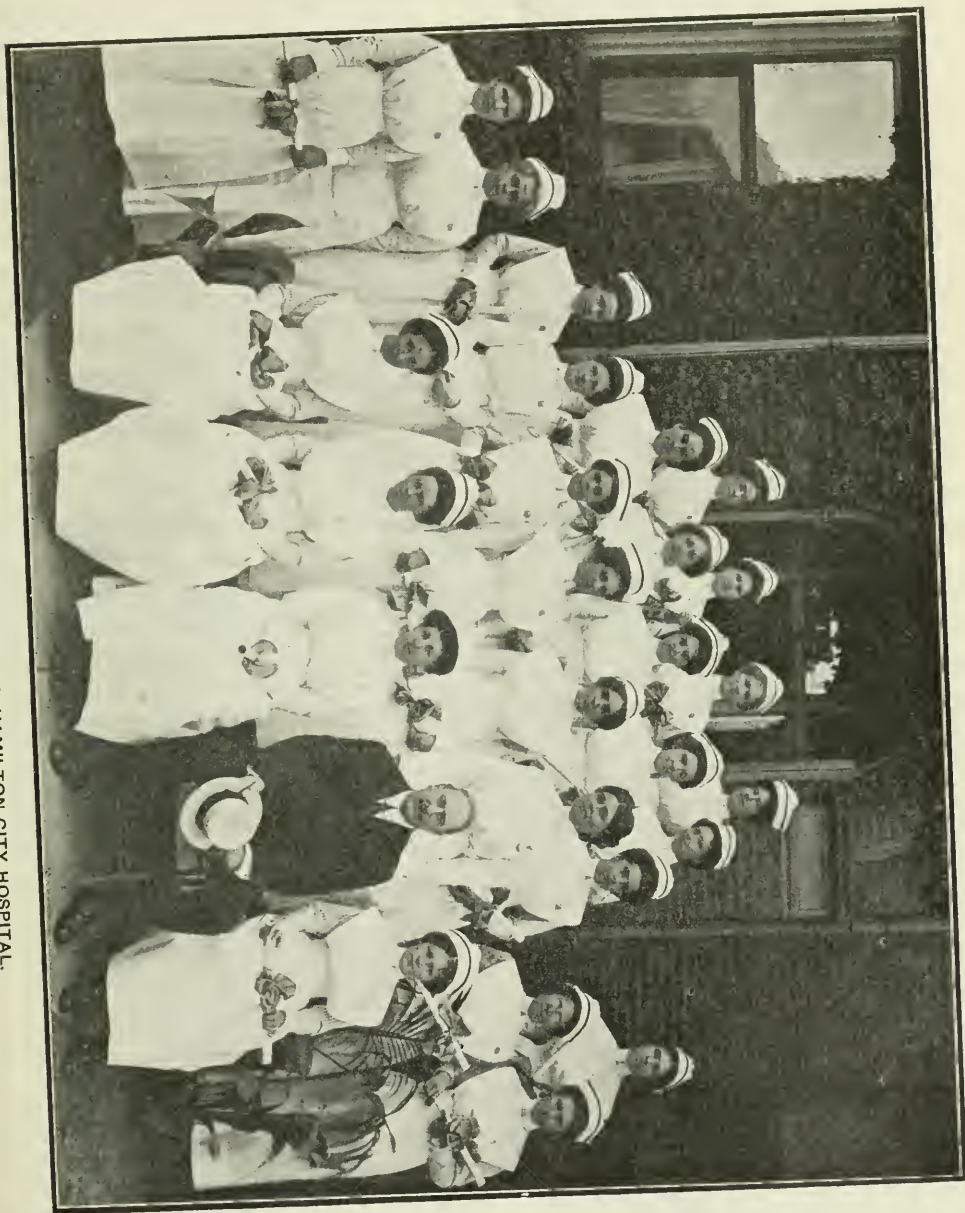
He was a nice policeman. He said at once: "Certainly, Miss. They are a dirty, careless lot, those Chinks; show me the place and I'll scare that wash out of them if it's there."

So we led the way, and he came striding along behind, and at the first crossing picked up a duplicate of himself, who fell into step beside him, and so we arrived at Ah Wing's laundry, Sadie and I a few steps in advance of the policemen.

Ah Wing was sitting on a box talking to one of his men and a lot more were ironing at tables round the walls, and when we appeared he nodded in his casual Chinese way, and said:—

"You come after washee? Too bad, I not catch him yet." And he seemed to be going to leave it at that, when the police force loomed in the doorway behind us.

Well, as Sadie said afterwards, she couldn't see how those men had ever slept with the consciences they must have had. I've poked a stick into an ant's nest and watched the upper stories immediately swarm with agitated ants, and I have seen a nimble terrier dropped onto the floor of a barn where a few rats were enjoying a quiet meal, and realized as never before how fast a rat can



OFFICERS AND GRADUATING CLASS 1912, HAMILTON CITY HOSPITAL.

move, but the commotion in Ah Wing's laundry made those experiences pale into the merest insignificance.

With one suppressed howl, the men who had been quietly, dreamily ironing, started rushing frantically and aimlessly up and down and across the room; they bumped into benches and tables and one another; they tripped over their own and other people's feet; they swished each other over the head with flying queues; some had left their irons marking time on the garment they had been engaged upon; others still clutched their implements of honest toil, and when they presently found out, they dropped them promiscuously, and more suppressed yells and a slight smell of singeing arose. The pandemonium only lasted a very few moments; then the Chinese seemed to reconcile themselves to the fact that they could not escape from the room—the back door must have been locked and the key, probably, in Ah Wing's pocket, and our auxiliary force blocked the front entrance entirely from view even—so they settled down in a watchful and suspicious group at the farthest end of the room, and mediated on their sins—I hope. Ah Wing, who was quite near the door, had not moved or uttered a sound. He just sat in frozen horror with an "The curse had come upon me" expression on his yellow face, until our original constable told him sharply "To hustle round and cough up that wash." Then he awoke from his trance, made one jump to a line of shelves against the nearest wall, pulled down a large bundle of clean clothes neatly done up in the traditional newspaper and slapped it down on the box on which he had been sitting.

Sadie murmured "Ah," in a tone thrilling with satisfaction, and stepped forward as Ah Wing ripped the parcel open. Then she stopped abruptly, for it was not our wash. Oh, certainly not. Most decidedly and obviously not our wash, and Sadie said so with the sharpness of that hope deferred that putteth an edge on the temper. But Ah Wing's sense of the fitness of things had been paralyzed within him along with every other kind of sense, by the advent of the police, and, deaf to Sadie's repeated assurances that it was *not* our wash, that it was not *our* wash, that it was *not our wash*, he snatched up and shook out article after article before our indignant eyes, clamoring frantically all the time that it was our washee, good washee, clean washee. In the midst of our wrath the fact was borne in upon us that the owner of that wash had been raised a pet. There were dress shirts with tucked fronts and dress shirts with plain fronts; there were tennis flannels and flannels—of finest weave—that weren't tennis; there were brown silk pyjamas, gorgeous with embroidery; but what he had really spread himself over was his socks; there were dark green silk socks with a streak of vivid blue down each ankle, and dark blue socks, also silk, with a grass green streak down each ankle, and one simple and austere pair of dove-colored silk socks without any streaks at all. But, however interesting from an abstract point of view, it was still not our wash, and when we had remonstrated with Ah Wing to the bitter end, and he immediately began to go through the whole performance again as if we had never spoken, we turned in despair, abandoning all hope of our own wash, and came face to face with the policemen. We had been so annoyed with Ah Wing that we had quite forgotten the police, and when we remembered them we were more annoyed than ever. They leaned one on either side of the door, their shoulders touching in the middle; they

both had their hands clasped on their beautiful bright belt-buckles, and their nice red faces were a sympathetic purple. It was that fact which softened the asperity with which Sadie asked in a voice choking with helpless rage: "Can't you make him find *our* wash?" And when our original recruit straightened himself and roared: "Cut that out, John! Find the ladies their wash or you'll catch it," we quite forgave him his previous indifference. The effect on Ah Wing was magical. Dropping that lovely clean laundry in a heap on the dirty floor, he sprang to the line of shelves once more, wrenched down another lot and tore that open, and before we could stop him he was shaking out my best night-dress in one hand and flourishing Sadie's ruffled petticoat in the other!

Well, as I said before I would hate to have it happen to any other nurses for want of a word of warning. We would have paid more at a white laundry of course, but we should not have been at the mercy of a hopeless idiot like Ah Wing. He was exactly like a mechanical toy that keeps going till it runs down, and the police were absolutely useless. Of course it must have looked rather funny to anyone who didn't own the wash and wasn't in a furious rage about it all as we were, and they had the decency to pretend they were coughing, but no men with colds as bad as those should have been allowed on duty. They blocked our way of escape behind, and that obsessed Chinaman would still be shaking out our wash in front, if Sadie—Sadie is really a wonder in an emergency—hadn't suddenly stopped stamping her foot at him, and snatching an armful of wash out of his hands, started pushing it into the laundry bag anyhow, breathing threatenings and slaughter all the time.

In two seconds we'd got it all tucked away and then Sadie fluttered a dollar bill onto the floor at the feet of our policemen, and sailed out with a stiff little nod and her face the color of a July sunset over English Bay. I couldn't see mine, but I daresay it was just as bad, and we had to be extra dignified to make up. Half way home Sadie suddenly began to laugh, and when I asked what was the matter, she only said that after all they had a monotonous life on the Force, and they would never recognize us again because they saw so many people, that was one comfort. But when I said I hoped she didn't think those two policemen would mention the affair to any of the others she said that I actually had true Western optimism, and anyhow, we'd got our wash. But as I said before, we send it to the Non-Pariel now.

Vancouver, B.C.

RENE NORCROSS.

A PRECOCIOUS TWELVE-YEAR-OLD.

I was recently called to assist in the management of a case of labour, the patient being a Hungarian forty-five years old, unable to talk English, the mother of a recently married daughter, and the subject of my sketch. Rosie, a twelve-year-old brunette, with the face of a witch and eyes that sparkled continuously. The doctor left me in charge, and as I sat by the patient's bedside Rosie came and asked me if I would have a cup of coffee. Her eye caught a Kelly pad placed by the stovepipe to be warmed. "Nurse, you don't need that rubber. Look here, I've got a good wide oilcloth on the bed," and she raised the blankets to show me how she had placed it. "Does it need to be pinned?" she said. Then she told me where the baby clothes were and clean linen for

the bed. There were separate parcels and she mentioned what were in each parcel.

"My father is fifty and my mother is forty-five, my sister Maggie is nineteen and I am twelve. Maggie was married last year, and she is in the same state as my mother. It's pretty soon, don't you think? I'm going to be a nurse like you and never get married. I wouldn't marry the best man living, even though I loved him ever so well. My mother's mother always told her never to get married and she often wishes she had taken her mother's advice. Now, there's Mrs. B. Mother is always teasing her to get married again, but I think she's better off the way she is.

"Her pains are pretty hard, aren't they? They were coming every five minutes before you came and now about every fifteen. Mother has had ten children and only three of us living out of the ten. The last time was down in Louisiana. Baby came before its time, you know. Mother lifted a heavy tub. It wasn't necessary. Father had to run three miles through the forest at night for the doctor, and when he came back he was just wringing wet and mamma was so pale and cold.

"Maggie thinks she's happy now. I wrote her a letter and she never answered it. I sent her a post-card and then she wrote mother that she was awfully busy with her chickens and cats and pet animals. I suppose she won't write at all when she gets her baby. Her husband is thirty-five, but he is awfully good to her. He bought her a new hat and she didn't like it. He sent to Winnipeg and got her an aviation cap and she got tired of that and he bought her a lovely new hat in Saskatoon. He's always springing surprises on her just like that. She thinks she's happy now, but wait till her trouble comes.

"Mrs. ——— has eight children and she expects soon to have another. You nursed her before in her confinement, didn't you? You wash the baby, don't you, nurse? The first nurse we had down in Louisiana wouldn't wash the baby so we wouldn't have her the next time. We had a lady doctor. She left it for Maggie and me to do and we didn't know anything about it.

"Her pains are getting harder, aren't they? I don't care whether it's a boy or a girl. I like babies anyway."

The return of the doctor put Rosie to flight. A couple of hours later I saw her in the kitchen whither I took the forecepts to be boiled. She had an egg, some fish and some potatoes fried for me and some tea ready.

"Nurse, while you are boiling those you can take some tea. It will make you feel better," she said. "How much longer will it be, nurse? You know mother got up early this morning and I heard her and I said, 'What's the matter mother?' and she said she wasn't feeling very well, so I just got up and slipped on my clothes without saying anything, for I knew she was going to be sick. She was cold, so I took a cushion and heated it and put it to her feet and I heated a pillow and put it on her stomach."

The forecepts were boiled and I returned to the bedside of Rosie's mother, but not all the trying experiences of a difficult case can erase from my memory the picture of that precocious, effective, little chatterbox talking with apparently equal facility in English and in Magyar and betraying no consciousness of the fact that there was anything unusual in what she said and did.

NURSE M. A. R.

THE SCHOOL NURSE.

The weekly meeting of the Toronto Public School Nurses was held the last week of school at the new Open Air School for Anaemic Children at Victoria Park. This gave the nurses an opportunity to see the improvement in the condition of the children in less than a week under such favorable conditions. At the conclusion of the regular business, Miss Rogers, Superintendent of the School Nurses, was presented with a walrus hand bag. Miss Jamieson, in making the presentation on behalf of the nurses, expressed the hope that Miss Rogers' intended visit abroad this summer would be most pleasant, adding that the staff would look forward eagerly to her return.

On June 27th the Executive of the Toronto Graduate Nurses' Club entertained the Superintendent, Miss Rogers, and staff of the Public School Nurses. Unfortunately a number of the nurses were unable to attend, but those who were present enjoyed the dainty tea which was served on the lovely lawn of the clubhouse. The President of the Club, Mrs. Paffard, and other members of the Board, were most kind in their welcome to the School Nurses.

That the Juvenile Court, which has only been established a few months in Toronto, is proving of value, not only in the protection of neglected children, but to citizens generally, was proven by a case which came before the Court very recently.

The School Nurse on visiting at the home of a child suffering from enlarged tonsils and adenoids, found the boy living alone with his father (the mother having died some years ago) in a wretched shack. The father promised that he would have a physician examine the child's throat.

Several months passed and nothing being done, the Nurse called again and found the father partially intoxicated, and the condition of the shack worse than before. The father again gave his promise that the child should be attended to. Calling at the next house, an extremely tidy cottage, the nurse learned that the shack and its occupants had been for some years a source of great annoyance to the entire neighborhood; the house being the scene of drunken carousals night after night. Naturally the question was asked, "Why has the place not been reported?"

"It has been reported several times," came the answer, "but one can buy nearly every inspector with a drink."

The nurse, however, had not been offered this bribe, so her report went into the office, from which it was turned over to the Juvenile Court. Their "active man" was sent up to report on the case, and directly he saw conditions he determined to secure the child. With some difficulty he did this, and the father had to appear before the Court, while the child was temporarily handed over to the "Children's Aid."

The Judge, in response to the father's plea of one more chance, gave him an opportunity of securing a decent place to live and attending to the boy's throat, as well as extracting a promise of a changed mode of life. Spurred on by the fear of a year's imprisonment or a fine of \$500 which the Judge told him he could impose, the man hastened to take a room in a respectable house, and also made arrangements to have the boy operated on the next day.

The School Nurse and Juvenile Court officer took the boy the next day to

the doctor's office, where the father had arranged for the operation. The room the father had secured was visited, and proving satisfactory, the child was left in his father's care, and in a few days showed every indication of better surroundings.

So in a few days the Juvenile Court and medical inspection accomplished what others had tried for some time to do. The shack was torn down as soon as the man had secured his new lodging house.

Miss Ethel L. England, R.N., Graduate of City Hospital, Rochester, N.Y., has been appointed School Nurse in Niagara Falls, Ont.

A NEW DISEASE.

A strange disease has manifested itself in Rangoon which has been under the notice of Captain Whitmore, I.M.S., Police Surgeon and Pathologist in the Rangoon General Hospital. Some thirty-five cases are under his observation at the hospital, in almost all of which the subjects were ill-nourished and emaciated and resulted in many cases of chronic morphinism. A number of dead bodies revealed the presence of bacilli. At first sight the disease would appear to be simply bronchitis or broncho-pneumonia, but neither of these diseases was followed by complete prostration and collapse, which was an outstanding feature of the new disease.

The principal symptoms noticed were:—

- (1) Typical bronchitis,
- (2) Broncho-pneumonia symptoms,
- (3) Playing fever,
- (4) Complete collapse, and
- (5) Multiple abscess of several organs of the body.

Of 35 cases, 22 deaths were obviously by infection-bacilli under consideration, while in the remaining cases, infection with bacilli had been associated with serious illness arising from other causes.

Cultures were made from various diseased organs and gave pure growths of bacilli. The results were also noted of experiments made with bacilli by inoculating guinea pigs.—*The Nursing Journal of India*.

QUESTION BOX.

1. What is the best method for keeping a hospital free from flies?
 2. Should bottles, jellies, etc., be kept on ice that is used in the patient's drinking water?
 3. Would you consider it safe to have ice taken from the general refrigerator for a typhoid patient?
 4. When the water supply is questionable, what is the best means of giving cold, palatable water to patients?
- Signed (A).

Editorial

COLOGNE.

The nurses who are fortunate enough to be at Cologne for the Congress have many rare treats in store. From the opening of the "Exhibition for Nursing and Social Work" on August 3rd to the close of the Congress, the time is fully occupied.

Several important subjects are down for discussion: "Report of the International Commission on the Preliminary Training of Nurses"; "The Result of State Registration in Those Countries in which it has been Introduced"; "The Position of the Matron with Regard to the Education and Training of Nurses"; "Nurses and Social Work," etc.

The expedition by steamer to Kaiserswerth, on the Rhine, is just one of the pleasures arranged for the entertainment of the visitors. Sister Agnes Karll certainly deserves the heartfelt thanks of the nurses of every nation for all the earnest, persevering work so unselfishly undertaken and so zealously pushed forward to make the Congress of 1912 such an unqualified success.

STATE REGISTRATION—A DECIDED ADVANTAGE.

A meeting of some members of the House of Commons and a deputation from the Society for the State Registration of Trained Nurses was held recently in London. After Mrs. Bedford Fenwick and others had spoken in support of the Nurses' Registration Bill, "Dr. A. W. Chapple, who had been in practice for 24 years in New Zealand, and a member of Parliament in the Dominion, spoke with the force of unique experience of the question. He said so many persons were perfunctorily trained that the public must be protected; he was amazed that a reform of the kind had been so long delayed in England; in New Zealand the Nurses' Act had improved education, eliminated the imposter, and had raised the self-respect of the nurses. The hospitals which trained nurses vied with one another as to which should give the best education, and no medical man in New Zealand would go back to former conditions."—British Journal of Nursing.

Here is strong testimony as to the value of State Registration in New Zealand. Facts cannot be set aside. They speak very emphatically. Then take courage, all who are striving for State Registration. Success may not follow soon. But perseverance, courage and enthusiasm must not fail. Success *will* come.

ONE WAY TO GET NEW SUBSCRIBERS.

One enthusiastic worker for The British Journal of Nursing tells of her plan to interest nurses in the Journal, so that they will realize its value and become subscribers. She was selling the Journal at the Nurses' Exhibition. "My chief impression resulting from my experience is this: If nurses (trained and in training) fully grasped the important fact that it is a professional journal, in contra-distinction from the lay-edited unprofessional nursing papers, they would subscribe to it very much more than they do.

"Among those who were really glad to be enlightened were some quite young nurses, beginning their training. I laid hands on these, took them aside and showed them the duty and advantage to themselves of supporting a professional journal. If this should meet the eye of any of those nurses I should like to tell them that it would give me much pleasure to send the Journal (post free) to six of them for three months, on condition that they will continue to subscribe to it, from the office, for another nine months. By that time they will have learnt to appreciate it, and will not be able to do without it. By this means, too, I shall be able to test the strength of purpose of those who seemed to be really interested."

A few practical helpers of this sort would be a boon surely.

Mrs. Sulzer, whose official home is at Washington, D.C., a Graduate of the Presbyterian Hospital, Chicago, gives her views on nursing in the *Philadelphia Record*. Mrs. Sulzer, after completing her training, remained for some time at the Hospital, assisting in various kinds of work, and, later, was Assistant Superintendent of Mount Sinai Hospital New York. Wearying of institutional work, she resigned, and spent a few years in private nursing. She says:—

"Having an inside view of nursing and realizing its tremendous significance in the national life, I have very decided views on the subject. One thing I deplore, that the spirit of commercialism is nowhere more apparent than in the nursing profession, and I regret that the perfection of the work is less considered than the remuneration which comes after the drudgery of the training school. I admit that in every profession where a person expects to gain a living, the objective point is a monetary one. But nursing calls for more than a desire to make twenty-five, thirty or thirty-five dollars a week. A deep compassion for the ailing and an earnest effort to aid not only the patient, but to be helpful to the entire family should be an impelling force. I regret to say that nurses who are so inspired are the exception and not the rule.

I am an advocate of the two years' course instead of keeping the girls three or sometimes four years preparing for their work. In two years a girl will learn all that is needful for the average cases. Studying to be a nurse is dreary work, and it is enough to batter down some of the ideals which one may entertain in selecting this profession. Two years of it is therefore all that most girls can endure. I am a champion for the shorter course for the many and the advanced course for the exceptionally bright and capable, and this will lighten the burden put upon those who must have nurses in their families, and who cannot pay the present high rate charged.

I think that few people realize all that humanity owes to the modern trained nurse. Read the records of the past and see what conditions are now compared to those of fifty or even twenty-five years past. We are all familiar with the Betsy Prig and Sairey Camp type of nurse and with other ghouls of history and fiction. I am proud that American hospitals are considered the best and most skillfully managed of any in the world. Constantly the heads of similar institutions in England and the Old World cities come here to study out methods and to bring back to their people the result of our natural inventiveness and broad spirit of philanthropy. The nurse as trained to-day is one of the greatest benefactors of the world and a strong factor in civilization and national development.

The Guild of



Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M.G.H., 6.15 a.m.
 Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service
 at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

The anniversary festival of the Guild was kept by the Montreal Branch on St. Barnabas' Day, June 11th, when several members attended the celebration of the Holy Communion in the Church of St. John the Evangelist at 7 a.m.

The regular anniversary service was held in the Church of St. John the Evangelist at 8.15 p.m., when there were present: the Chaplain, the Superior, the Secretary, one honorary member, and thirteen members.

The anniversary office was said by the Chaplain, and the Rev. Mr. Winter gave a short address, taking for his text St. John 15: 16. He pointed out that we learn from this passage that it is through God's working in our hearts that each one of us has been led to his or her particular calling in this world; we have also here the purpose of our calling, it is "that ye should go and bring forth fruit, and that your fruit should remain," i.e., that we should bring others nearer to Christ. And it is those who have been thus chosen and who have given themselves willingly to Christ, whose prayers will be answered, because they will pray in a right spirit. The words of the text are taken from the gospel for St. Barnabas' Day, the festival of the man who was named "the Son of Consolation," from whom we may learn many lessons of unselfishness, and this passage should be a comfort to us, in the midst of the trials and troubles of daily life, by reminding us that our Lord has said, "Ye have not chosen me, but I have chosen you," and therefore that we should trust ourselves and our work to Him.

The special Misericordia ribbon, the badge of ten years' membership in the Guild, was then given by the Chaplain to Mrs. Stanley and the Misses Sewell and Wilson. Tea was served in the Guild Room and the members afterwards dispersed, hoping to meet again in the autumn.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Mrs. Tilley, 82 Roxborough Street W., Toronto; Second Vice-President, Miss G. A. Read, 772 Hellmuth Avenue, London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss L. L. Rogers, R.N., 908 Bathurst Street, Toronto. Directors:—Miss K. Mathieson, Riverdale Hospital, Toronto; Miss Eastwood, 206 Spadina Avenue, Toronto; Mrs. Paffard, c-r 36 Yonge Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 113 Delaware Avenue, Toronto; Miss Julia Stewart, 12 Selby Street, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Mrs. Yorke, 400 Manning Avenue, Toronto; Miss Eunice H. Dyke, R.N., 74 Homewood Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Janet Neilson, 295 Carlton Street, Toronto; Miss A. I. Robinson, 295 Sherbourne Street, Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Miss Janet G. McNeill, 505 Sherbourne Street, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss A. Carnochan, 566 Sherbourne Street, Toronto.

Conveners of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-laws, Miss Dyke; Press and Publication, Miss Rowan. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

The regular monthly meeting of the Executive was held on June 5th at the Toronto Graduate Nurses' Club, 295 Sherbourne St. Thirteen members were present, including Miss Smith, Chairman of the Hamilton Chapter. The Executive decided that the Association would pay the travelling expenses of members of the Association who contributed to the programme of the Annual Meeting, and all expenses of non-members contributing. There were twenty-eight applications to consider. Twenty-seven of these were accepted and the other applicant advised to take some post-graduate work to supplement the training received in St. John's Hospital, Toronto, and apply again.

The Treasurer reported a balance of \$423.43. After the appointment of Conveners of the Standing Committees there was some discussion on registration.

The July meeting was held on Tuesday, July 9th, with seven members present. Twelve applications were considered and accepted.

The Executive has decided to try to place within reach of intending students some information which will enable them to make wise choice of a training school, by means of the press and in other ways. This is to counteract the tendency to train in short course schools.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL

President, Miss B. M. Simpson, Assistant Superintendent, Hamilton City Hospital; Vice-President, Mrs. Newson, 87 Pearl Street North; Recording Secretary, Miss M. E. Dunlop, 175 Charlton Ave. East; Corresponding Secretary, Miss E. F. Bell, Night Supervisor, Hamilton City Hospital; Treasurer, Miss A. Carscallen, 64 Emerald St. South.

Executive Committee—Miss L. O. Watson, 423 Main St. East; Miss C. E. Flock, 238 Robert St.; Miss A. E. McDermott, 10 Stinson St.; Miss M. McEachern, 143 James St. South; Miss M. L. Hannah, Mountain Sanitorium.

Regular meeting first Tuesday, 8 p.m.

Miss Pearle Simmons has gone to Detroit to take charge of the operating room in Grace Hospital.

Miss Finley has returned from Chicago, after having spent a pleasant holiday with her sister.

Miss Irene Elliott has returned from New York to do private nursing in the city.

Miss Edna Dennis has taken charge of the Victorian Order of Nurses' work in Dundas for one month.

The Graduate Nurses' Alumnae Association of Hamilton entertained the graduating class of 1912 at a picnic in Dundurn Park. There was a large attendance and a very enjoyable time was spent, thanks to Miss Deyman and committee.

Miss Isabel McIntosh has given up her position in Dr. Bull's Sanitorium and is visiting in the city.

Miss Ida Carr, of Ridley College, St. Catharines, is relieving Miss Bell, Night Supervisor, H. C. H., for her vacation.

Misses Wilkin, Waller, Flock and Bell are spending their vacation at Port Sydney, Muskoka.

Miss Madeline Hunt is spending the summer at Port Dover.

Miss Madden has returned from an enjoyable trip to the West and has resumed her duties at the H. C. H.

Miss Belle McGregor has accepted the position of Night Supervisor at Harbor View Sanitorium, North Vancouver.



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

Established 1895.

Incorporated 1901.

President—Miss Phillips.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutehison Street.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 112 Mansfield Street, first Tuesday, 8 p.m.

The Board of Directors of the C. N. A. held their meeting a week later than usual, Miss Phillips having been out of town and in order to get the report of the Hamilton meeting from Miss Colquhoun.

Miss Des Brisay and Miss Colly were appointed delegates to Cologne by the Canadian National Association of Trained Nurses. They also represent our own Association at the International Council. Miss Des Brisay is to represent Mlle. Jeanne Mance at the pageant to be held in Cologne. In order to obtain the consent of the Sisters of the Hotel Dieu Hospital to represent their foundress, the hospital was visited by Miss DesBrisay and Miss Colquhoun. They were very graciously received, and the Lady Superior presented them with photo of Jeanne Mance.

The garb worn by her was very simple, consisting of a plain black dress with shoulder cape, a little round white cap and a white apron, not a difficult costume to copy. Jeanne Mance was not a nun, therefore did not wear the habit of the Sisters of the Hotel Dieu.

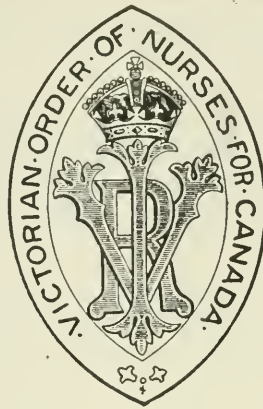
Miss Martha Colquhoun sailed for Liverpool on June 18th, to be absent two months.

The members of the C. N. A. wish to express their sympathy with Miss Sara Fraser, whose father recently died at his home in Renfrew.

Miss Baikie, Lady Superintendent of the Lachine General Hospital, attended the Convention at Hamilton.

Miss Fortescue, our Acting Secretary, has been a patient in the M. G. H.

Mrs. Burch, our Registrar, reports a good month's work. Many of the nurses are going for holidays to the mountains or ocean.



1897.—Victorian Order founded under Royal Charter, by Her Excellency the Countess of Aberdeen.

1901.—Lady Minto Cottage Hospital Fund, \$26,300.26. Raised by Her Excellency the Countess of Minto.

1903.—Inauguration of the Lady Grey Country District Nursing Scheme.

1912.—Her Royal Highness the Duchess of Connaught is making an appeal for an Extension Fund to further the work of the Victorian Order of Nurses, especially in the new and sparsely settled parts of the Dominion of Canada.

TABLE SHOWING GROWTH DURING YEARS 1898-1911.

Year.	Nurses.	Patients.	Visits.
1898	16	673	8,080
1899	32	1,663	20,282
1900	32	2,377	28,715
1901	55	2,798	30,491
1902	67	3,251	32,221
1903	62	5,309	37,002
1904	79	6,006	35,251
1905	92	8,040	42,403
1906	104	10,501	52,325
1907	114	10,753	68,093
1908	117	10,724	79,670
1909	151	14,560	100,626
1910	160	18,189	129,633
1911	191	19,922	162,373

A post-graduate course in district nursing—four months—is given at one of the training centres of the Order—Ottawa, Montreal, Toronto, Winnipeg. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa; to the District Superintendent, 29 Bishop Street, Montreal; to the District Superintendent, 206 Spadina Avenue, Toronto, or to the District Superintendent, 145 Sherbrooke Street, Winnipeg, Man.

HOSPITALS AND NURSES.

Miss Victoria L. Winslow is now Lady Superintendent of the General Hospital, Medicine Hat, Alta.

Miss Lina L. Rogers, who sailed from Montreal July 5th, will attend Cologne Congress and visit schools in England and Germany. Miss Hersey, Superintendent of Nurses, Royal Victoria Hospital, Montreal, sailed with Miss Rogers, and will also attend Cologne Congress and afterwards join friends for a pleasure trip.

Miss Goodhue, Assistant Superintendent of the Royal Victoria Hospital, Montreal, has quite recovered from her recent illness, and is at present in England; she expects to be abroad all summer and resume her duties in the R. V. H. in October. Miss Hall, graduate of the R. V. H., is taking her place in the meantime.

Miss Bayne, graduate, class 2, '02, Royal Victoria Hospital, and Miss Easton, class '08, leave shortly to take positions in the new hospital in Edmonton.

Miss Helen Randal, graduate Royal Victoria Hospital, Montreal, has been chosen to act as Lady Superintendent of the Vancouver General Hospital. Miss Randal will begin her duties on the 15th of July.

Miss Kathleen Macdonell, graduate of St. Michael's Hospital, Toronto, has taken the post-graduate course in the Woman's Hospital, New York, and passed her examinations successfully, also the State of New York Board examinations for R. N. Miss Macdonell intends remaining in New York for some time.

Miss Vera Whitney, graduate of Victoria Hospital, London, Ont., class '05, has taken charge of the operating room of the "Children's Memorial Hospital," Montreal.

Miss A. M. Ross, Superintendent of P. E. I. Hospital, Charlottetown, P.E.I., leaves the first of June for a two months' trip to the Pacific Coast.

Miss England, a graduate of the P. E. I. Hospital, will be in charge during Miss Ross' absence.

Miss Parker, graduate of Victoria General Hospital, Halifax, is doing private nursing in Charlottetown, P.E.I.

Miss A. M. Andrews, Fernie, B.C., is spending a month in Canmore, Alta.

The position of Superintendent of the General Hospital, Prince Albert, Sask., made vacant by the resignation of Miss Campbell in December, is now occupied by Miss Elizabeth Brydone Lockerbie, of Edinburgh, Scotland. The hospital has a very active service and is doing an excellent work.

Miss Sims and Miss Mabel Sims, Superintendent and Assistant, respectively, of the General Hospital, Medicine Hat, Alberta, have resigned.

St. John's, Newfoundland.—A very quiet wedding took place from the General Hospital, St. John's, Newfoundland, on Tuesday, June 4th, when

Miss L. Hannaford, who has been Matron of the hospital for nine years, was married to Mr. Barron. The sun shone brightly, happy augury for their future life, and as they passed the corner of the hospital they were greeted with showers of shoes from the patients and nurses assembled on the balcony of Cowan Ward. Mrs. Barron received many beautiful presents. The nursing and medical staff of the hospital, past and present, gave her a solid silver tea kettle with lamp, on which was engraved, "Presented to Lucy Hannaford by her colleagues of the medical and nursing staff of the General Hospital, St. John's, 1903-1912." While rejoicing in her happiness, we regret the loss to the hospital. The Nursing Superintendent especially will miss her very much, as they took up their positions at the hospital at the same time and have worked together for the last nine years. Mrs. Barron was graduate of St. Vincent's Hospital, New York.

Miss Lulu Sutherland, class of '11, G. & M. Hospital, Collingwood, has been appointed Head Surgical Nurse at the G. & M. Hospital, St. Catharines.

The Board of Management of the G. & M. Hospital, Collingwood, have granted an extended leave of absence to Miss Morton, Superintendent of the Hospital, who intends paying a visit to her native country, Ireland. During her absence Miss Jean Carr, a graduate of the school, will be in charge.

The Ladies' Board of the Collingwood Hospital, realizing that the whole work of a hospital does not consist alone in caring for the patients within its walls, but must reach out to help those who, while needing nursing care, yet for various reasons are compelled to remain at home, resolved at their last meeting that each nurse in training in her senior year shall serve a term of two months in district nursing under the supervision and direction of the Superintendent and Medical Staff of the hospital.

Miss Patterson, formerly Head Nurse in operating room at McKellar Hospital, Fort William, Ont., and graduate of Grace Hospital, Detroit, is the newly appointed Superintendent of the R. M. & G. Hospital, Port Arthur, Ont.

Miss Cade, late Superintendent R. M. & G. Hospital, will return to Toronto in July.

Miss N. Shaughnessy spent a pleasant holiday in Duluth.

The graduating exercises of the 10th class of the D'Youville Training School in connection with the Ottawa General Hospital, were held on Wednesday, June 5th, in the lecture hall of the Nurses' Home. The spacious room was quite transformed with pretty yellow and white decorations and exquisite cut flowers and palms.

Dr. R. Chevrier acted as Chairman, and after a musical number by the orchestra, introduced the speakers in his usual happy style.

Dr. Chabot delivered the opening address, and reviewed in an eloquent manner the work of the hospital and progress of the training school, mentioning kindly the former beloved Superintendent, Sister Mary Alice, and her present efficient successor, Sister Josaphet, whose arduous duties in that capacity were chiefly responsible for the standing of the training school to-day. His words of congratulation and advice to the graduates were much appreciated.

Mrs. Chas. O'Connor, President of the Ladies' Auxiliary in connection with the hospital, presented the diplomas, whilst Miss Margaret Fitzgerald, Convener of the Ottawa General Hospital Committee of the May Court Club, pinned medals on the following: Sister Flacie Domitilde, Ottawa; Miss D. Memmell, Peterboro; Miss Y. Blais, Ottawa; Miss Anna Hall, Prescott; Miss Kathleen Turner, Rockland; Miss Patricia Redmond, Manotick; Miss E. Beliveau, Ottawa; Miss Ethel Walsh, Ottawa; Miss Helen Cregan, Vankleek Hill. Miss Ethel Walsh, having merited prize for highest percentage on totals, captured the unique wrist watch presented by Dr. J. L. Chabot, M.P.

A pleasing vocal solo by Miss V. Gravelle was the next number on the delightful programme. An address to the nurses by Dr. H. Ells followed. Being thoroughly familiar with his subject, owing to his sojourn as House Surgeon in the institution, he delivered in singular style a most interesting résumé of the nurse's varied and ofttimes arduous duties during the three years term. His congratulations and advice were most opportune.

Rev. Dr. Sherry, in the closing address, gave a scholarly review of nursing from the primitive days, mentioning the most remarkable women in the early centuries, down to our own time, drawing out and illustrating to the audience present the wonderful advancement made, passing briefly over Florence Nightingale, making mention of her justly earned laurels and establishing her as foundress of the present day training school. His concluding remarks of Godspeed to the young graduates were most happily chosen.

Sir Jas. Grant proposed a vote of thanks to the speakers, and congratulated, not only the graduates, but the medical staff and sisters in charge, of the excellent training in theoretical and practical nursing given the pupils, and the kind and tender care extended to the patients.

The rendering of "God Save the King" brought the pleasant event to a close. The guests then repaired to the lawn, where dainty refreshments were served and the congratulations of the friends of the young ladies received.

Among those present were Rev. Fathers Plantin, Sherry, Finnegan and McMillan; Doctors Sir Jas. Grant, Chevrier, Chabot, Ells, Minnes, Law, Nagle, Flegg, Valin, Church, Molin and others.

The last of the series of interesting meetings held during the year by the Alumnae Association of the Ottawa General Hospital took place in May. The President, Miss Leyden, presided. The attendance was unusually large, and after the regular business was transacted Dr. J. R. O'Brien delivered a most delightful lecture on "Serum Therapy," sketching the remarkable changes during the past five years in surgery and nursing, emphasizing in particular the changes made in medicine. In the course of his lecture he stated that of all known serums vaccination was among the first discovered, in 1796, but for seventy-five years was unappreciated. His firm conviction is that vaccination is a certain preventive of smallpox, and he had no hesitation in saying so to the nurses present.

After a vote of thanks to the lecturer, tea was served and a social hour spent.

The annual meeting of the Nurses' Alumnae Association of the Kingston General Hospital was held in the Nurses' Residence on Tuesday afternoon,

June 11th. Reports of the year were presented and approved. Mrs. S. F. Campbell, the delegate to the Ontario Graduate Nurses' Convention, held in Hamilton in May, read a report of the meetings. Officers elected for the coming year were: Honorary President, Miss Emsley, Lady Superintendent of the K. G. H.; President, Mrs. W. J. Crothers, Jr.; First Vice-President, Mrs. George Nicol; Second Vice-President, Miss Emily Baker; Secretary-Treasurer, Mrs. S. F. Campbell; Assistant Secretary, Miss Evelyn Patterson.

Vancouver.—Miss Kate Gallaher, lately Lady Superintendent of the Vernon Hospital, B.C., took the position of Assistant Superintendent of the Vancouver General Hospital on April 23rd.

Miss Coburn, graduate of the McNutt Hospital, San Francisco, took the position of Supervisor of the surgical wing of the V. G. H. on May 5th.

Miss Baynes (V. G. H. graduate), for some time past Night Supervisor of the V. G. H., resigned at the end of April to start a private hospital. She is succeeded by Miss Mavity, also a graduate of the school.

Miss May Ewart (V. G. H.) has accepted the position of Supervisor of the medical wing in place of Miss Robertson (V. G. H.), who resigned to take charge of the Nanaimo Hospital.

Miss Crowell, graduate of the Clara Barton Hospital, San Francisco, has taken charge of the maternity department.

On May 27th Mrs. (Dr.) Carder, a graduate of the Vancouver General Hospital, gave a most enjoyable tea at her residence on Thirteenth Ave., Fairview, in honor of Miss Macfarlane, the retiring Lady Superintendent of the Vancouver General Hospital. More than a score of Miss Macfarlane's graduates were present, and many more would have attended but for those twin obstacles, hindrances in the nurse's path—distance and urgent cases. After all had assembled, Miss Judge, in the name of her fellow-graduates, presented the Lady Superintendent with a very beautiful silver mesh bag, containing a hundred dollars in gold of the new coinage, fresh from the mint. Miss Macfarlane's surprise and pleasure were a source of much satisfaction to the members of the innocent conspiracy, as in a few well chosen words she thanked her nurses for the gift.

On the following morning the doctors on the visiting staff, who had selected Dr. Keith for their spokesman, gave Miss Macfarlane a token of their esteem in the form of a handsome gold watch bracelet, and the rest of the medical men followed with a beautifully appointed travelling bag, while the parting gift of the nurses in training consisted of a lovely silver box containing a manicure set.

The affectionate regrets and the best wishes of all those whose work brought them into contact with her, will accompany Miss Macfarlane on her departure from the V. G. H. She possesses in a marked degree the happy gift of winning and holding the love and loyalty of all who come under her influence and authority, and those nurses who had the privilege of training under her wise, kind and just rule, will feel that in losing her the hospital has lost the subtle element, the personality that made it, to them, a second home.

The ladies of South Vancouver, B.C., who are interested in the work of the Victorian Order of Nurses, will meet in Westminster Church on Friday, June 14, at 3 p.m., to organize a society to assist in furnishing a Nurses' Home and do other work in connection with the establishment of the nurses in that municipality. The Municipal Council has given a grant of \$500 to assist the undertaking.

A new branch of the Victorian Order of Nurses has recently been formed in Saskatoon. As yet it is affiliated with the Ladies' Hospital Aid and Benefit Society. The branch will be started with one nurse.

Miss Bertha Willoughby, late Superintendent of the General Hospital, Kingston, Ontario, has been appointed nursing sister in charge of the Military Station Hospital here.

The Heartz Memorial Hall, Charlottetown, was crowded to the doors on the occasion of the graduating exercises in connection with the P. E. Island Hospital Training School for Nurses, on the evening of April 30th.

His Honor Lieutenant-Governor Rogers presided, and seated on the platform were the trustees and medical staff of the hospital, the Lady Superintendent, Miss A. M. Ross, and the nurses.

The graduates this year are Miss Rena Stewart and Miss Annie E. Stevenson, who were presented with their diplomas by Lieutenant-Governor Rogers and afterwards addressed by Dr. S. R. Jenkins of the medical staff and Percy Pope of the Trustee Board.

During the presentation of the diplomas the graduates were the recipients of two magnificent bouquets handed them by little Miss Mary Moore and donated by James Tait, Jr., the well-known florist of this city.

A delightful programme was rendered which included vocal solos by Miss Lucy Blanchard, Miss Jennie Hood, Percy Stanley and Parker Hooper; a piano solo by Clarence Tidmarsh, a piano duet by Misses Katie Stanley and Jennie Hood, and readings by Miss Lois Taylor and Miss Mand McLean, all of which were heartily applauded.

The regular monthly meeting of the Victoria Nurses' Club was changed to the second Monday of June, the first being the King's birthday. The President, Miss E. H. Jones, was in the chair. Eight members were present. Two new members were received last month.

The Real Estate Committee gave a good report on our new venture.

An interesting report on the work of the Local Council of Women was given by Miss E. H. Jones.

Our resolution in support of registration for nurses was favorably received by the Council. The second resolution—to provide a school nurse for Victoria—was not considered.

Port Arthur, Ont.—The graduating exercises at St. Joseph's Hospital were held June 27th at 4 p.m. on the beautiful convent lawn which adjoins the hospital grounds. This spot, so secluded and inviting, was decorated with plants, flowers and bunting, and a platform erected for the occasion. As the sweet strains of a march were wafted by summer breezes from the convent

balcony, the graduating class, headed by the Superintendent of the Training School, proceeded from the hospital to their seats in front of the platform. Accompanying the graduates were five tiny flower girls laden with floral tributes, sent by numerous appreciative friends and patients.

On the platform were: Mayor Ray, Chairman; Rev. Father Grenier, who presented the diplomas; Rev. Father Caisse, who gave a few words of advice and encouragement to the class; Dr. Beck, who pinned on the medals; Dr. C. C. McCullough, who gave a splendid address to the graduates.

The graduates are: Sister M. Frances, of the St. Joseph's Community; Miss Lucille Lemier, Port Arthur; Miss Effie Wark, Port Arthur; Miss Minnie McKay, Fort William; Miss Sophia Gagnon, Sault Ste. Marie; Miss Wishart, Port Arthur; Miss Helen Jones, Port Arthur; Miss Margaret McNicholl, Peterboro.

Prizes were awarded as follows: For highest marks in theoretical examinations, Miss Gagnon; for deportment during training, Miss McKay; for highest marks on paper on medicine, Miss McNicholl.

After the exercises were over a reception was held, the Ladies' Aid serving delicious refreshments.

In the evening a water party on the "Sigma." Mr. James Whalen's beautiful yacht, closed a very pleasant graduation day.

The graduating exercises of Aberdeen Hospital, New Glasgow, N.S., were held on the evening of May 24th. The platform had been simply yet effectively decorated for the occasion, the background being draped with large British ensigns, while the front was prettily bordered with potted plants, flowers and greenery.

The President, Thomas Cantley, occupied the chair. On the platform were Lieutenant-Governor MacGregor; Miss Sheraton, the efficient Superintendent of the hospital; E. M. Macdonald, M.P. for Pictou; W. A. MacIntosh, J. C. MacGregor, Mayor Underwood, Dr. M. R. McDonald, Dr. Miller, and Dr. Benvie.

The financial report was given by Treasurer J. C. MacGregor. In 1897 the hospital was opened. In 1906 an addition was built at a cost of \$18,000. Now in 1912 they are compelled again to extend at a cost of at least \$20,000.

Everyone is proud of the success of Aberdeen in every particular, and he anticipated that in six years more we would be face to face with another expenditure of \$20,000 or \$25,000 for further extensions. Since the inception of the hospital over 3,400 patients had passed through its wards, and in addition we had a splendid training school which had already turned out over thirty trained nurses who are to be found all over Canada, from Sydney in the east to Prince Rupert in the west.

The Superintendent's report showed the number of patients in the hospital last year to be 361, viz.: New Glasgow, 141; country districts, 90; Stellarton, 61; Trenton, 39; Westville, 25; N. S. Steel Co., 38. Besides in the outdoor department there were 529 dressings done. There are in training 12 pupil nurses.

The four graduating nurses were then called up and their pass marks read, when Lieutenant-Governor MacGregor, in a few neat phrases, handed each her diploma and gallantly pinned the badge on the nurses. These graduate nurses were: Miss Myra A. Manning, Sydney; Miss Marion G. Clarke,

Sydney; Miss Edith Wiltshire, Kentville; Miss Edith G. Adams, Brookfield. Dr. Benvie, of Stellarton, then addressed the nurses on the principles that should guide them in their chosen work, in which he impressed the necessity of tact, of sympathy, of carrying out the physician's orders, of caring for their own health; and of cultivating the art of always looking on the bright side.

Mr. E. M. Macdonald, M.P., was then called on and after thanking the Board for the honor accorded him, he congratulated the good people of New Glasgow on their magnificent hospital, for the whole Province appreciates the wonderful work which Aberdeen Hospital is doing in the homes of the poor, and the sick and distressed. He then traced the history of modern nursing, and paid a deserved tribute to the Sisters of Charity in the Roman Catholic Church, who were the pioneers in this work and whose noble efforts are among the most glorious chapters in the history of that church. Lieutenant-Governor MacGregor also spoke briefly. The meeting closed with the National Anthem.

St. Catharines, Ont.—The graduating exercises were held in the Men's Surgical Ward in new hospital. The graduates were Misses McPhee, Moyer, Knoles, Moore, Shaumeh, Troxell, Boucher. At three o'clock the graduates entered the ward, which had been beautifully decorated with palms, ferns and flowers, and took their places on the platform, followed by their Superintendent, Miss Uren, and pupil nurses. Messrs. McLean, President; J. B. McIntyre, Secretary; H. McSloy, Treasurer, and M. Y. Keating, members of the Board of Management, were also on the platform. After taking the Florence Nightingale pledge, diplomas were presented by M. Y. Keating and medals were pinned on by Mrs. J. G. Moor. Two little flower girls presented Miss Uren with a beautiful bouquet of pink roses from the pupil nurses, and Mrs. Hamilton, former Superintendent, with a bouquet of red carnations from her graduates. An orchestra added much to the pleasure of all present, as did also the solos rendered by Miss Greenwood of St. Catharines and Miss Whicker of Hamilton. Doctors Currie, Paton and Shutt presented flowers, which the nurses were unable to carry. In the evening Miss Uren and nurses were at home to about one hundred guests. Cards and dancing were indulged in. Dainty refreshments were served and the party dispersed, feeling that the graduation exercises had been a grand success. By the kindness of Mr. and Mrs. H. McSloy the graduates enjoyed an auto drive to Chippewa, Niagara Falls, Queenston and Niagara-on-the-Lake.

Mrs. Elliott has returned to Niagara Falls, N.Y., after spending a month with Mrs. Crowley, New York.

Mrs. Hamilton (née Hollingworth) spent several days in the city and attended the graduation of her neice, Miss Knoles.

Miss Evangeline Emsley, graduate of Washington, D.C., has been appointed Superintendent of Nurses at the Kingston General Hospital, Kingston, Ont.

The graduating exercises of the Kingston General Hospital were held on April 28, 1912, when a class of ten nurses received their diplomas. Miss Victoria Long was awarded the gold medal and Miss Kathleen Blacklock the silver medal.

A luncheon was held in the dining room of Victoria Hospital, London, Ontario, on Thursday, May 28th, at 2 p.m., to which the members of the Alumnae Association were invited, in honor of the graduating class of 1912. A number of former graduates were present, many coming from a distance to do honor to the new class and to their Alma Mater. Miss Florence Struthers, class of 1903, and now Lady Superintendent of the Immigration Hospital, Winnipeg, Man., speaking on behalf of the Alumnae Association, thanked Miss M. Stanley, Lady Superintendent of Victoria Hospital, for the invitation and in a few choice words expressed her appreciation, etc. Miss M. Stanley then addressed a few earnest words to the former graduates and the members of the graduating class, dwelling particularly upon the duty of faithfulness and loyalty to the school, and assuring them of a hearty welcome at all times to their Alma Mater.

After the luncheon they adjourned to the class room, where a business meeting was held for purpose of electing the officers for the coming year, Miss Enid Forsythe and Miss Agnes Milroy acting as scrutineers. Miss M. Lyons was re-elected President; Miss B. McIntosh, Secretary-Treasurer; Miss Barbara Gilchrist, Corresponding Secretary. Programme Committee—Miss Leath, Miss Mitchell, Miss Burdick.

Many business matters were discussed and satisfactorily arranged. Miss L. Wiseman and Miss B. McIntosh have been appointed assistants to Miss M. Stanley, Lady Superintendent V. H., London, Ontario.

The graduating exercises of the Victoria Hospital, London, Ontario. Training School for Nurses were held on the hospital grounds. An open air theatre had been constructed between two wings of the hospital and the platform looked down upon a miniature garden of flowers, around which seats for the audience had been placed. The bouquets for the graduates made a beautiful bank of flowers the length of the platform.

The graduating class received their diplomas and medals from the hands of the Duchess of Connaught and Princess Patricia. Immediately upon the Royalty party being welcomed the Nightingale pledge was received from the graduates by Lieut.-Col. Gartshore, Chairman of the hospital trust. Dr. J. S. Niven, Chairman of the medical staff, presented the medals for proficiency, to Miss Laura E. Wiseman, gold medalist in practical work; Miss Bertha M. McIntosh, silver medalist in practical work, and Miss Ida S. B. Rosser, medalist in theoretical work.

The graduates were then presented to the distinguished visitors and received their diplomas from the Duchess of Connaught and their medals from the Princess Patricia as they were presented. Mayor C. Graham, who presided, then introduced the Duke of Connaught, who delivered a brief but feeling address. He remarked on the fine appearance of the hospital and the excellent equipment which it appeared to have. He expressed appreciation for the welcome he had received and spoke a few appropriate words to the graduates. He felt that they, one and all, would never be lacking in kindly affection and mercy in the performance of their duties in the sphere of life which they were about to enter upon more fully. The graduates are: Laura Ethel Wiseman, Kirkton; Bertha Margaret MacIntosh, Woodstock; Janie F.

Govenlock, London; Elfleda Myrtle Gee, London; Alma G. Chandler, Lakeside; Blanche Gibson, Paisley; Kathleen Marguerite Prebble, London; Jean Carswell, London; Ida Bull, Brantford; Annie F. Alderson, Kintore; Lily Edna Runions, London; Della Grace Hutchinson, Port Rowan; Florence Bailiff Bucke, London; Lucy Minetta Trace, London; Henrietta Mellett, Dublin, Ireland; Enid Marie Forsythe, London; Annie Grieve, Parkhill; Ida S. B. Rosser, Denfield; Agnes Janet Milroy, London; Edna J. Garrett, London; Margery Schlueter, Preston; Lela M. Harper, Aylmer; Jean E. Paul, Mandaumin; Caroline E. McMurray, Leesboro; Irene Ethel Holmes, Lucknow; Victoria Augusta Goulding, Ilderton.

The world-wide anguish for the terrible "Titanic" disaster has been more especially centred in Halifax, the harboring port of the boats engaged in the mournful search for the bodies of victims of this awe-inspiring misfortune.

Many pathetic incidents associated with the burial of the unidentified have been already recorded and published, more especially the recovery of the body of an unknown baby boy and the funeral conducted by request of the crew of the Mackay-Bennett search boat.

One of the largest halls in Halifax, the rink of the Mayflower Curling Club, procured by the company of the White Star Line, is the improvised mortuary, draped in mourning and furnished with every testimony of an anxious consideration for the wishes for all related to this great community in an almost universal bereavement.

In event of accident or emergency doctors are engaged to be in constant attendance, and a recovery room with equipment supplied by the private hospital "Restholm" is also provided. Miss Nellie Runby is the nurse detailed for this duty. She has been assisted by Miss Margaret McLeod.

In response to a very general request that the work of "Restholm" should not be resigned, arrangements have been made temporarily for the accommodation of patients at 17 North Park St., previously used as an annex of "Restholm," 15 North Perth St., the lease of No. 15 having expired this spring.

The first meeting of the Graduate Nurses' Association, held at 17 North Park St., was well attended. An address given by Mrs. Dennis, President of the local branch of the Council of Women, was listened to with keen appreciation. The many philanthropic and progressive undertakings of this wonderful organization of women, with its affiliated societies, the methods and advantages of affiliation, were described by Mrs. Dennis in a most interesting manner.

At the monthly meeting in April the Benefit Fund for Sick Nurses was the subject of discussion. The by-laws of administration of this fund were read and very carefully explained to the nurses by Mr. Hector McInnes, K.C., who attended the meeting. The measures to be adopted were afterwards considered and voted on.

The minutes of this meeting concluded with an expression of appreciation of the very valuable services rendered to the Association by Mr. McInnes, K.C. "The great kindness and interest shown by Mr. McInnes is indeed very greatly appreciated by this Graduate Nurses' Association, for without his advice we could never have undertaken much that we have been able to accomplish

during the last two years. And it was a very special favor from him to attend this meeting."

A date was fixed for the concert to be held in aid of the Nurses' Benefit Fund.

Miss Fraser, R.N., Superintendent of the Halifax Children's Hospital, has an extended leave of absence and is spending the spring in the south. Miss Jean Rutherford is with her.

Miss Frances Ellicott, of London, Eng., who has been on the "Restholm" staff, has accepted an engagement for private nursing at Treherne, Manitoba.

The fifth graduating exercises of the Ross Memorial Hospital, Lindsay, Ont., held in the Academy of Music on the evening of June 4th, were unusually successful and pleasing.

A class of four received diplomas and medals before a large audience of clergymen, physicians and friends of the nurses. Mr. J. W. Flavelle, Chairman of the Hospital Board, presided, and congratulated the class on their chosen calling and their attainments in it. Other addresses were given by Rev. Canon Marsh, Ven. Archdeacon Casey, and Dr. Vrooman, M.P.P.

After the presentation of the diplomas by Mr. Flavelle, and the medals by Mrs. Miller, Dr. Boyce, Medical Superintendent of the General Hospital, Kingston, gave an interesting address, choosing for his subject "The Ideal Nurse." It was full of inspiration and encouragement and all who listened to it were delighted.

A few congratulatory words from our Mayor, Dr. Wood; a hearty vote of thanks to the speaker, Dr. Boyce; the singing of the National Anthem, and the public function closed. The graduates were surprised by a dainty supper, served in the drawing-room of their beautiful residence by the younger nurses of the school. The names of the graduates are: Miss S. Isabella Marshall, Miss Ethel Steele Reid, Miss Lillian R. Brian, Miss Violet L. Pogue.

A new General Hospital of 40 beds has been opened at Swift Current, Sask. The equipment throughout is of the best. The operating suite is one of which any hospital might be proud. An Isolation Hospital in connection is to be built at once.

Miss Jennie B. Tripp, graduate of the Amasa Wood Hospital, St. Thomas, Ont., is the Superintendent.

Miss Winnifred McLeod, graduate Presbyterian Hospital, Chicago, has been appointed Social Service Nurse by the Woman's Auxiliary of Vancouver General Hospital, to fill the vacancy made by the departure of Miss Macdonald, who was called east on account of the illness of her father.

The Auxiliary sent a letter to Miss Macfarlane, Lady Superintendent of the Hospital, expressing regret at her departure and appreciation of the kindly relations which had always existed between her and the Auxiliary.

The whole course of things goes to teach us faith. We need only obey. There is guidance for each of us, and by lowly listening we shall hear the right word.—Emerson.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

President, Mrs H. F. M. Bowman, Berlin and Waterloo Hospital, Berlin, Ont.; First Vice-President, Miss Kate Madden, City Hospital, Hamilton; Second Vice-President, Miss C. M. Bowman, General Hospital, Portage la Prairie, Man.; Treasurer, Miss Louise C. Brent, Hospital for Sick Children, Toronto; Secretary, Miss Alice J. Scott, 11 Chicora ave., Toronto; Councillors—Miss Mina L. Rodgers, General Hospital, Niagara Falls, Ont.; Miss Mabel F. Hersey, Royal Victoria Hospital, Que.; Miss Mary A. Suively, Miss Nora Tedford, General Hospital, Montreal, Que.; Miss Robina L. Stewart, General Hospital, Toronto; Miss Ethel Johns, John McKellar Hospital, Fort William, Ont. Auditors—Miss Mina L. Rogers, General Hospital, Niagara Falls, Ont.; Miss Elizabeth G. Flaws, The Wellesley Hospital, Toronto.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Rowan, Supt. of Nurses, Grace Hospital; President, Miss DeVellin, 505 Sherbourne St.; First Vice-President, Miss A. Carnochan; Second Vice-President, Miss P. Wood; Secretary, Miss I. Sloane, 154 Beverley St.; Assistant Secretary, Miss M. E. Henderson, 434 Markham St.; Treasurer, Miss A. M. Comley, 31 St. Mary St.; Board of Directors—Misses Etta McPherson, Cordingley, Worden, Cunningham and Noble.

Social Committee—Misses Blewett, Stephens and J. H. Russell.

Conveners of Committees: Sick Visiting—Miss Pearson, 434 Markham St. Programme—Miss Hunter, 566 Sherbourne St. Press and Publication—Miss L. Smith, 9 Pembroke St. Representatives on Central Registry Committee—Misses Knight and Hawley, 71 Grenville St.

Representative "The Canadian Nurse"—Miss Rowan.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Mrs. E. M. Feeny, 39 Grove Ave.; First Vice-President, Miss Annie I. Robinson, 295 Sherbourne St.; Second Vice-President, Miss M. E. Christie, 39 Classic Ave.; Recording Secretary, Miss J. M. Knisely, 50 Dundonald St.; Corresponding Secretary, Mrs. N. Hillary Aubin, 78 Queen's Park; Treasurer, Miss Clara Evans, 130 Dunn Ave.

Directors—Misses E. Field, P. M. Green, Pearl Allen.

Conveners of Committees—Sick Visiting, Miss M. A. B. Ellis, General Hospital; Social and Look-Out, Mrs. A. G. Findlay, 649 Church St.; Registration, Miss Bella Crosley, 41 Rose Ave.; Programme, Miss Janet Neilson, 295 Carlton St.

Representatives on Central Registry Committee—Miss W. Ferguson, Miss C. A. Mitchell.

Representative "The Canadian Nurse"—Miss Lennox, 107 Bedford Rd.

Regular meeting, First Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL TORONTO.

President, Miss Connor, 853 Bathurst St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Miss McBride, 518 Markham St.; Secretary, Miss Thompson, 9 Pembroke St.; Treasurer, Miss O'Mara, 9 Pembroke St.

Board of Directors—Miss Isabel O'Connor, 9 Pembroke St.; Miss Crowlie, 853 Bathurst St.; Miss O'Brien, 570 Sherbourne St.

Representatives on Central Registry Committee—Miss Power, 9 Pembroke St.; Miss Rowan, 9 Pembroke St.

Representative "The Canadian Nurse"—Miss Dunne, 549 Markham St.

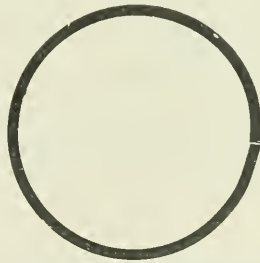
Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, St. Michael's Hospital.

Regular meeting, second Monday, 3 p.m.

"in the employment of a poultice for the relief of pain and inflammation, it is most essential that a sterile and trustworthy product be applied.

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Hon. President, Miss Brent; President, Miss Lina L. Rogers, R.N., 908 Bathurst St.; Vice-President, Miss Teeter, 498 Dovecourt Road.

Recording Secretary, Miss Hill, 105 Roxboro St. East; Corresponding Secretary, Miss Catharine Cameron, 207 St. Clarens Ave.; Treasurer, Mrs. H. Caniff, 755 Ynoge St. Directors—Misses Pantton, Charters, Winter, O'Hara.

Conveners of Committees—General Business, Miss Ewing, 295 Sherbourne St.; Sick Visiting, Miss G. Gowans, 5 Dupont St.

Press Representative—Miss M. Gray, 505 Sherbourne St.

Representatives on Central Registry Committee—Miss McCuaig, 7 Bernard Ave.; Miss Gray, 505 Sherbourne St.

Representative, "The Canadian Nurse"—Miss G. A. Gowans, 5 Dupont St.

Regular Meeting—Second Thursday, 3.30 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss J. G. McNeill; Secretary, Miss Annie Daig, 86 Maitland St.; Treasurer, Miss M. Fogarty, corner Pape Ave. and Gerrard St.; Executive Committee, Misses Hallett, McFadyen, Stretton, Mannering and McLellan.

Conveners of Committees—Sick Visiting, Miss Hallett; Programme, Miss McFadyen.

Representatives on Central Registry Committee—Misses Pigott and Semple.

Representative "The Canadian Nurse"—Miss J. G. McNeill, 505 Sherbourne St.

Regular Meetings—First Thursday, 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, R.N., 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, R.N., 113 Delaware Ave.

Board of Directors—Misses Pringle, VanEvery, R.N.; Hunter, Hoyt, Hehu, Mrs. Valentine, and Mrs. Wigham.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Pringle.

The Canadian Nurse Representative—Miss VanEvery, R.N., 116 Fermanagh Ave.

Regular meeting, first Tuesday.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Bell, Lady Superintendent; President, Mrs. MacConnell, 125 Major St.; First Vice-President, Miss Cooper, 30 Brunswick Ave.; Second Vice-President, Miss Kelly; Recording Secretary, Miss Moore; Corresponding Secretary, Miss L. Bowling, 77 Winchester St.; Treasurer, Miss Mary Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Coady, Miss Cooney.

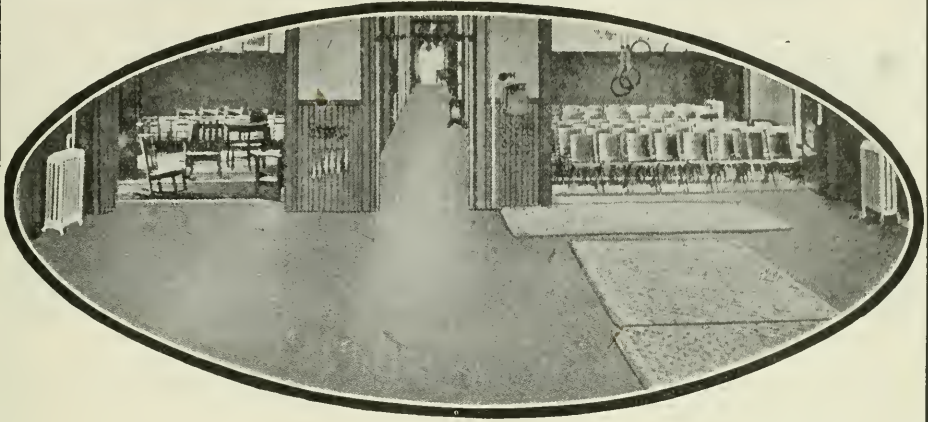
Registry Committee—Miss Anderson, Miss Baker.

Board of Directors—Miss Davis; Mrs. Yorke, 400 Manning Ave.; Miss Cooper, 30 Brunswick Ave.

Programme Committee—Misses Fee, Moore and McDermid.

The Canadian Nurse—Miss M. Butchart.

Regular meeting, first Friday, 3.30 p.m.



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Number of beds—24.
Graduate Nurses on Staff—Two.
Pupil Nurses—Three.
Term of Training—Three years.
Branches of Training—All.
Affiliations—Halifax Infirmary.

Hospital—All Saints' Springhill Cottage Hospital, Springhill.
Established—1903.
Superintendent of Hospital—Rev. Canon Wilson.
Superintendent of Nurses—Margaret McKenzie.
Number of beds—33.
Graduate Nurses on Staff—One.
Pupil Nurses—Six.
Term of Training—Two years.
Branches of Training—General.

Hospital—Aberdeen Hospital, New Glasgow.
Established—1897.
Superintendent of Hospital and Nurses—Jessie M. Sheraton.
Number of beds—40.
Graduate Nurses on Staff—Two.
Pupil Nurses—Twelve.
Term of Training—Three years.
Branches of Training—Medical, Surgical, Contagious, Obstetrical in district.

Hospital—Payzant Memorial, Windsor.
Established—1905.
Superintendent of Hospital and Nurses—Helen McKay.
Number of beds—15.
Pupil Nurses—Three.
Term of Training—Three years.
Branches of Training—General.

NEW BRUNSWICK.

Hospital—Chipman Memorial, St. Stephen.
Established—1902. Registered 1902, Fredericton.
Superintendent of Hospital and Nurses—Miss A. Brandscombe.
Number of Beds—Thirty-four.
Graduate Nurses on Staff—Two
Pupil Nurses—Ten.
Term of Training—Three years.
Branches of Training—Medical, surgical, obstetrical.



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The summer class will open on July 9th, 1912. The fall term will be divided into two sections. The first section will open on Sept. 17th and the second one on November 12th, 1912. For particulars and application blank address the Superintendent, Max J. Walter, M.D., 1711 Green St., Philadelphia, Pa.

WHAT IS BEST IN TONICS?

Many people, and perhaps a few physicians, are inclined to consider the terms "tonic" and "stimulant" as more or less synonymous and interchangeable. This, of course, is not the case, although some agents employed medicinally may partake of the properties of both and be properly known as "tono-stimulants." Strychnia, for instance, is a heart stimulant, but may also be considered as a general nerve and systemic tonic when given in small and frequently repeated doses. While a stimulant alone is sometimes indicated in

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Heat one or more Biscuits in the oven to restore crispness and then cover with huckleberries or other berries. Serve with milk or cream and sweeten to suit the taste. A delicious, appetizing dish for the sultry August days.

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conditions of emergency, its long continuance almost certainly produces an after depression. It is sometimes advisable, however, to give stimulant and tonic together in conditions of serious general depression, the first to "boost" the vitality and the second to hold it at the point to which it has been raised and to restore the general tone of the organism. An ideal combination of this nature is Pepto-Mangan (Gude) to which has been added the proper dose of strychnia, according to indications. This combination is especially serviceable in the convalescence of exhausting diseases such as typhoid fever, pneumonia, la grippe, etc. It is also of much value when the heart needs support and the general system requires upbuilding. Pepto-Mangan restores vitality to the blood by increasing the number of red cells and the percentage of hemoglobin, and the strychnia assists in rendering the combination a peculiarly efficient general bracer and permanent reconstituent.

The Earl of Erroll, K.T., C.B., presiding recently at the annual meeting of the shareholders of Bovril, Limited, alluded to an article written by a high medical authority in connection with the tests made at Trinity College, Dublin, to ascertain the value of Bovril. The following is an extract from the article:—

"As for digestion and absorption of the food constituents of 'Bovril,' they have long been known to be of the first order. The action of 'Bovril' upon nutrition is that it acts practically as a link between the body and the food. It is on such grounds that we are entitled to say that 'Bovril' is more than a food, for it is a feeder. The upshot one may suppose, must be that 'Bovril' so to say, increases the temperature of the body. Everything must be a little quicker, brisker, easier running than before. Digestion is hastened, and since it is also more complete, the business of getting rid of what is not used is reduced to a minimum. That means a gain for the temperature of the body. There are constituents of 'Bovril' which greatly stimulate, not so much the flow, but the quality that flows, of the gastric juice."

Sir James Crichton-Browne, speaking at the same meeting, said:—

"It is not upon medical authority in the ordinary sense—that is to say, on the opinions of medical men who have tried it, valuable although these opinions are—that Bovril now rests its claims to consideration, but on the far firmer basis of exact scientific experiment. Doctors differ, but the scales and the test tube know nothing of diagnostic difficulties. The careful observations of Professor W. H. Thompson, of Trinity College, Dublin, assisted by Mr. Caldwell, M.A., an expert chemical physiologist, and by Mr. Wallace, B.A., have established the unique reputation of Bovril as a food in itself and as a powerful aider and abettor of the appropriation by the system of other kinds of food."

Hitherto the fly has been regarded complacently as a harmless nuisance and considered to be an annoying creature with great persistence and excessive familiarity. Regarded in the light of recent knowledge, the fly is more dangerous than the tiger or the cobra. Worse than that, he is, at least in our climate, much more to be feared than the mosquito, and may easily be classed the world over as the most dangerous animal on earth.—Public Health, Michigan.



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Failure to digest any food taken into the stomach means failure to supply nourishment when it is most required.

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Every lady having the care of an invalid, will learn much that is valuable to know from the new Booklet, just published by the proprietors of Benger's Food; among other things, it contains a variety of invalid recipes, prepared to relieve the monotony of invalid diet, which becomes very irksome to invalids. A copy will be sent post free on application to

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BIRTHS.

HIBBARD—At Rothesay, N.B., the wife of the Rev. W. R. Hibbard, of a son, St. Mark's Day, April 25th, 1912.

Mrs. Hibbard, née Miss Brooke, is a Graduate of the Montreal General Hospital.

Crowley.—On May 30th, in New York, to Mr. and Mrs. Crowley, a daughter. Mrs. Crowley, née Helen Trotter, is a graduate of G. & M. Hospital, St. Catharines.

MARRIAGES.

Hoodspith—Brereton.—On June 12th in St. James' Church, Carnduff, Sask., Winnifred Margaret, eldest daughter of the late Chas. Herbert Brereton, M.D., Bethany, Ont., to Rev. H. Hoodspith, rector of Christ Church, Cartwright, Man., and son of the late Robt. Hoodspith, London, Eng.

McVicar—Gillies.—In Knox Church, Dundas, Ont., by Rev. W. Nichol, on May 21st, 1912, Mary A. Gillies, graduate of Victoria Hospital, London, Ont., class '06, to Dr. C. S. McVicar of Toronto.

Kennedy—Watters.—At the Church of St. James the Apostle, on Tuesday, June 30th, by the Rev. Alan P. Shafford, Miss Helena Watters, graduate of the Royal Victoria Hospital, to Mr. A. W. Kennedy, of St. John's, Newfoundland.

Robertson—Hannan.—In Revelstoke, B.C., on June 1st, in Christ Church, by Rev. John Antle, Mr. W. B. Robertson, to Miss Hannan, nurse at Revelstoke Hospital.

Coulter—Webster.—At Kingston, on May 23rd, Miss Mary L. Webster, graduate Kingston General Hospital, to Mr. Cameron T. Coulter, of Thornton, Ont.

McKenzie—Turner.—On January 17th, 1912, Miss A. E. Turner, graduate of Winnipeg General Hospital, class '10, to Mr. J. R. McKenzie. Mr. and Mrs. McKenzie are residing at 4 Sylvan Ave., Toronto.

Comley—Monk.—On "The Columbia," the British Columbia Coast Mission's principal boat, at Rock Bay, by Rev. John Antle, Mr. Fred Comley, to Miss Monk, nurse at Rock Bay Hospital for three years.

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CANADIAN NURSING PROBLEMS.

By M. A. GIBSON.

The vastly increasing population of Canada has done much to alter conditions in every calling or profession of life, but in no instance has the developing condition made as many demands that are not being adequately dealt with as in the nursing profession. For some time letters regarding these problems have appeared in our nursing and some other Canadian journals, with a view of bringing this fact before the minds of Canadian people. Little apparent good has resulted, although excellent suggestions were made regarding how best to deal with the growing need for nurses in country places. All who are interested in this matter agree that the need is great, also that the first step must be organization, in order to bring about a system of nursing that will guarantee a livelihood to the nurse who seeks employment outside our cities and larger towns and at the same time help supply skilled nursing to people in moderate circumstances. One writer sums up a very interesting account of nurses' work in Canada with these lines:—

“There is no keen demand for additional trained nurses in cities like Toronto and Montreal. Yet it is true that there is no place in Canada where a competent, well-trained, able nurse will not find it possible to make her way. In the larger cities especially she will need some little capital until she gets an opportunity to show that she can do good work. But if she is an excellent nurse she is certain of employment. Trained nurses are needed in the West. But patients are widely scattered, and Government aid, a women's club, or some nursing order like the Victorian Order of Nurses, is required to organize a system of country nursing.”

And to these remarks one might well add that even in Ontario a nurse would find many places where she would not be able to support herself by private nursing unless aided by some institution, and yet there is no place where nurses are not needed. No one except a nurse who has been engaged in active nursing can recognize the full significance of these lines, both in regard to the present need and the suggested remedy. One often reads of, or hears discussions on, the economic value of child-life to a community, and when it is a known fact that not only children, but parents of small children, especially mothers, are yearly sacrificed through lack of skilled nursing, we may well suggest Government aid, might it not be even termed Government duty, not only to care for our unfortunate ill ones, but to instruct our citizens in the art of keeping well. This duty is daily devolving upon and being carried out more and more by nurses, as shown by our organized system of school nursing.

There is little doubt that our Public School educational system ranks high in the national standing. Is it not a Government institution controlled and maintained indirectly by the Government, and in no part of our Canadian West where civilization has spread, do we fail to find teachers, many of them women laboring under trying and difficult surroundings. Two years ago four female teachers lived alone in a small village in Northern Alberta, over twenty miles from a railway; one of them taught the village school and the others rode or drove to their several schools. Twelve miles still more distant from steam transportation another maiden lived in a small shack behind her school with a niece of ten years for company. She, the teacher, was cook and laundress for herself and niece and often charlady for the shack and the school. These girls had either to live thus or make their home with the foreign settlers. The settlers, for the most part, lived in mud houses minus windows, and their household in addition to the family often consisted of cow, pigs and hens. These conditions are facts that help to make private nursing in the West necessary, but not very alluring to the nurse, as lack of air space is not conducive to health, even in Western Canada, neither does the fact that the Mounted Police are often called to enforce health regulations add to the attractions. Surely if it is necessary to instruct these citizens in our modern school text books, it is also necessary to care for them when they are ill and to teach them proper methods of living, in order that they may keep well, and who is more fitted for these duties, both in the home and the school, than the nurse. It is utterly impossible, however, for a nurse to enter upon this work without the aid or support of some organization. Our Government is enabling, often obliged to force, some of the settlers to send their children to school and the teachers are found to teach them. Are we to suppose that when the Government or any other organization is willing to assist that Canadian women as nurses will fail to courageously face conditions that Canadian women as teachers have faced? Canada has many other citizens besides foreign settlers who are without nurses. In Ontario we have many and in Western Canada many, many more of our own people who, either because nurses are not available or their fees too high, are unable to secure the services of trained nurses. There are few towns or villages in Ontario, and fewer in the West, where a nurse is not needed, but this is more especially true of the West, where other help is not obtainable and where transportation often doubles a nurse's fee when she has to travel hundreds of miles to a case. There are cases on record in the West that terminate fatally because a nurse does not reach there in time and the transportation fee exceeds by far the fee for her services. One family paid thirteen dollars railway fare for a two-day case and it was the second time a nurse had been needed in the family within three months' time. Nurses are often severely criticized for their unwillingness to go to the country on cases, but if actual conditions were faced, this is little to be wondered at, as the strenuous duties of country nursing, together with the abrupt change in conditions of living, often endangers a nurse's life, especially in winter. In Ontario trained nurses have made, and are making, attempts to secure legislation for nurses, and to those in close touch with our work this is a great need that is growing greater. We are told that the laws of a community or State revert upon that community or State, according as these laws are good or ill.

It would ill become any citizen to criticize what is being done by the different institutions that are at present supporting training schools for nurses. Still, it can be truthfully stated that our present system of educating nurses correspondingly yields much more benefit to the State than to the nurse, for does not almost the entire nursing of our unfortunate poor fall upon our pupil nurses, also the care of some of our well-to-do citizens. In other words, in return for their training pupil nurses do almost all the nursing in our hospitals.

It would require no scientific adding machine to estimate the relative value to the nation, or to the nurse, were it possible to set in column figures relating to these facts. The dividends would surely go to the nurse, especially so when we consider that governing boards of hospitals have so far refused to supplement our present training school system by affiliation with other schools when their own limitations prove inadequate; also that we have so far been refused a legislative measure that would do much to place our educational system on an equality with that of other professions. Were it possible for us to count, sum up and rightly judge of the hours our pupil nurses have spent with suffering humanity when almost all the world is asleep, that alone would cause us to bow our heads and tread softly while we hearkened to the "Inasmuch" that will resound for pupil night nurses. If these facts were considered there would be fewer remarks made, such as, "Oh! nurses' fees are too high; that is why it is impossible for their services to be secured where they are often badly needed."

We have many organizations in Canada, also many benevolent citizens, who are endeavoring to better these conditions, and the hope is strong that ere long the situation will greatly improve. One is inclined to feel assured that lack of funds will be no hindrance when they read the figures representing the amount of Toronto's wealth set in circulation by the ball given in honour of our new Governor-General.

A little over a year ago nurses mourned the death of our first and greatest nurse—greatest, because by organization she helped her country at a critical period, and we believe that what has been done already can be done again. It is possible for Canadian women to create a memorial to Florence Nightingale in the form of an endowment fund and use the funds obtained in that way to help supply skilled nurses to people at present unable to secure them. In order to bring this about we would require either a new organization, or, more plainly speaking, reorganization of our present forces, with a less self-centred membership than at present seems to exist in our clubs and associations. Whether this apparent selfishness is caused by our own desire or the will of others is a matter of very little moment. In one of our ancient school books a story is told of a frog being advised to help himself, as "Providence only helps those who help themselves." A still older book exists and some of its teachings are translated thus, that "Providence helps those who are willing to help others." Can we dispute these teachings that are as old as time? And what better epitaph could be said or sung for the nursing profession, individually or collectively, than that

"What I spent that I had,
What I gave that I have,
What I kept that I lost,"

unless it be that "She hath done what she could." Are we doing that? Alas!

if we were, there would not be an overcrowding of nurses in some places and a scarcity or none at all in others. Surely somewhere in our midst we have a follower of Florence Nightingale who sees a way over these difficulties.

THE PROBLEM OF SUPPLYING EFFICIENT NURSING CARE TO PEOPLE OF MODERATE MEANS.

By MARY A. CATTON, Lady Superintendent, Protestant Hospital
Training School, Ottawa.

In the November, 1911, number of the *Canadian Nurse* appears an article by Hildegard Burland of Toronto, entitled, "A Suggestion as to how Skilled Nursing may be Supplied to People of Moderate Means." The subject is one which in point of importance stands out in relief, but a subject on which few consistent suggestions have been made, and on which suggestions of a logical nature are difficult to make.

The lack of harmony seems to rest with the means and the need. In the first instance nurses are not properly organized into grades, as should be in each community, by a Central Registry System, and the social classes are not sufficiently and distinctly defined to give any definite form to a plan. However, in the article above referred to its author proposes a system, whereby Hospital Training Schools should send out pupil nurses to afford skilled nursing to "people of moderate means" and at the same time suggests that "no nurse be sent out on 'home nursing' till she has been in training at least one-third of the time required by her school." The question arises: How could the writer suppose that a pupil of that class in school should be competent to perform skilled nursing? and that, too, in a private house where it is to be assumed the moderate means will not have afforded many conveniences facilitating the nursing care. True, she may be expected to do some skilled nursing even one year or less in a Training School, but the situation of a pupil in a private house and that in a hospital cannot be parallel—in the former case she is alone, untutored and working under adverse conditions, while in the latter she is under the constant supervision of her teachers, and influenced by the hospital environment.

The writer evidently does not realize that in such an undertaking by a Hospital Training School the responsibility would be great. The chance for mistakes to occur, due to the pupil's inexperience, and the probable exactions which the knowledge of the pupil's incomplete training would afford the people for whom she is nursing, would result in many disorders. In addition to the foregoing disadvantages and many not enumerated, there is the interference with class work which such an arrangement would necessitate, and most of all the serious objection to the fact that the pupil would be away from the Training School supervision and influence. The fact of the matter is this: "The people of moderate means" must be nursed, and nursed skillfully. There should, in fact, be nothing less than skilled nursing. It means a matter of life and death, and doctors should require that their patients should be nursed well—nothing less should be accepted.

The man of moderate means may provide cheap clothing, cheap articles of

furniture, etc., but every individual should have good food and skilled nursing care when ill. Socialism under one of its branches should control such for the needy. However, since the social interest has not sufficiently developed to deal with these points directly, it remains for those to whom the situation has been recognized to "press the button" and stimulate interest.

Nurses and doctors simultaneously continue to cry out for uniformity in nursing methods, a higher standard in nursing, etc., while at the same time the call for cheaper nursing continues. True, the individuals of moderate means—as previously claimed—should be provided with nursing care, and proper nursing care, but such care should not be expected at the expense of the individual nurse; it might be a case of "robbing Peter to pay Paul"—nor should such services be given by the drudgery of the pupil nurse, or upon the responsibility of the training school or hospital, but upon the public should depend the burden of meeting these requirements for the needs of its middle class. Philanthropic bodies have been organized for the purpose of supplying nurses to the poor, and those who could afford to pay only a moderate fee. One order has through its philanthropic purpose (?) appealed to the benevolent public, and called forth generous contributions for the maintenance of salaried nurses, in sufficient numbers to render nursing to the class in question. The great regret is that organizations may sometimes deviate from their constitutional object, and become mercenary and monopolizing.

Another solution of this problem may be in the grading of nurses in a Central Registry according to the amount of training they've received, such as:—

Three years' graduate.

Two years' graduate.

Practical.

Special: "Maternity, Children."

at graded fees accordingly. Under such plan of arrangement a doctor knowing his patient to be of the moderate class, may then call the Registry to supply a moderate-trained nurse. By such arrangement there would be a definite, businesslike, all-round understanding. The patient would be satisfied on receiving good value for his money; the doctor satisfied by not having expected faultless nursing; the nurse satisfied in having given her best and received in return a specified fee, and the higher graded nurse satisfied that the lower graded nurse has not imposed upon a domain which never rightfully belonged to her. Another means of meeting this need is in the subscription or membership plan, whereby an organization may be formed of individuals having an income between a stated maximum and minimum amount, the members of which may agree to subscribe annually a stated amount, and by such subscription supply first-class nursing service to its members as necessity may require. This subject is an intricate one which requires much planning in order that ways and means may be provided by which all may receive their just due, other than by involving sacrifice on the part of the nurse only. The nurse or nurse body owes no obligation to this social grade problem aside from that which she individually chooses to render as her share of the great world's charity. She, however, may do much indirectly by way of counsel, co-operation and sympathy, and thereby aid in solving this problem to the benefit of all concerned. Let it be soon!

GERMAN MEASLES, MEASLES PROPER AND SCARLET FEVER.

By H. W. Hull, M.D., D.P.H., Minneapolis.

The recent (April, 1911) widespread outbreak of German measles has been instructive; first, as indicating great confusion in the minds of the laity concerning the identity or non-identity of these two diseases; and, secondly, as indicating, especially amongst the younger generation of medical men, some uncertainty concerning the same points.

Much mild scarlet fever has existed. The existence and characteristics of the fourth disease (Duke's disease) also comes into the question, while the recent extraordinary statement of the Illinois State Board of Health Monthly Bulletin (No. 2, February, 1911, p. 91) that "Duke's disease is a name given to mild cases of scarlet fever which occurred in Chicago in January, 1907," lends a flavor of humour to the whole situation.

Nettle rash, despite the present early stage of the season, stomach rash, scarlet rash, even prickly heat, are terms not uncommonly encountered, yet when the disease so designated is accompanied by fairly definite and characteristic prodromes, definite rise of temperature, more or less prolonged course, and subsequent desquamation, one may be pardoned for suggesting that, to put it very mildly, considerable looseness in terminology has crept into the situation.

In approaching a diagnosis of a condition characterized by rash, one should have in mind at least the following possibilities:—

1. Frank scarlet fever. 2. Mild scarlet fever. 3. Frank measles proper. 4. Mild measles proper. 5. Severe German measles. 6. Ordinary German measles. 7. Duke's disease—measles type. 8. Duke's disease—scarlatinal type. 9. Smallpox (in the earliest stage of eruption, or when exhibiting a prodromal rash).

I am presuming the elimination of drug-rashes, the prodromal rashes of certain types of the exanthemata, shell-fish, strawberry, and other stomach rashes, not on inspection alone, nor on the short-measure clinical history to be had from the patient or his friends, but after continuous study of the case by the physician himself, and a review of all the evidence after the evidence is available and has been collected. In many of these cases a diagnosis at an early stage is a prognostic guess, because at that time the total evidence is not in, and therefore a diagnosis cannot be made at all. Too often no real diagnosis is made at any time, the prognostic guess of the physician who sees the case once for a few minutes early in the attack being the sole designation given to the attack. The recklessness of diagnosing such cases without seeing the patient, even when the case is described by a physician, must be fully recognized. The recklessness shown in diagnosing such a case on the description of lay friends of the patient alone is not easily painted in words.

Concerning the recognition of frank cases of scarlet fever, measles, and German measles, I shall say nothing. Light cases of German measles can hardly be recognized, since a physician does not often see even those which may be called severe, and seldom those of ordinary type, except for diagnosis, treatment being rarely called for. My point is rather to establish the existence of at least three very distinct diseases (scarlet fever, measles proper, and German measles), and to suggest watchfulness for the alleged fourth, or Duke's, disease.

Briefly, then, be it said that there are no absolute pathognomonic signs for the mild forms of scarlet fever; hence the recognition of such mild forms, and their isolation until recovery, is often a matter rather of shrewd judgment concerning the epidemiology of the situation than of actual diagnosis. The careful man, anxious to prevent spread of infection, will recognize the undoubted existence of and search carefully for evidences of "abortive cases" of scarlet fever amongst all exposed to frank cases, and will regard as suspicious all showing any trace of similarity, especially in prodromes, throat and tongue, to scarlet fever, regardless of the presence or absence of rash. In searching for such cases, the securing of the history of previous scarlet fever in the same person is of the greatest value. This is a wholly logical proceeding. We now know that abortive cases of diphtheria, and even infected throats, without reaction of any kind, exist and are prevalent in outbreaks of frank diphtheria. In diphtheria, abortive cases and infected well persons can be detected by cultures, which are not available in scarlet fever, but this inability to push the recognition of mild scarlet fever to a final conclusion by culture is no reason for neglecting to push the recognition of such cases as far as clinical and epidemiological investigation will permit. The medical profession has recognized the existence of abortive cases of poliomyelitis, although that disease has not been shown to be contagious. Surely the recognition of abortive scarlet fever, a pre-eminently contagious disease, presents smaller difficulties in belief and no greater difficulties in diagnosis.

Exactly similar statements apply to measles proper, except that Koplik's spots are accepted as pathognomonic. These exist in the prodromal stage and are not readily identified after the disease is well developed; hence, unless mild cases are seen very early, they cannot be recognized on the basis of Koplik's spots alone. Epidemiological evidence concerning the exposure of the patient and the previous history as to a preceding attack of measles, must be considered. Here is encountered the difficulty that the public, and even the profession, frequently fail to distinguish between German measles and measles proper; therefore such history of a previous attack of "measles" may mean measles proper or German measles—and the distinction is essential.

The distinction between light measles proper and German measles can be made through the presence or absence of Koplik's spots, if the patient is seen at the right time. Failing this, the symptom-complex or clinical picture must be estimated in the light of the epidemiological situation.

Duke's disease may be described, for clinical recognition, as German measles in which the rash is scarlatiniform rather than "measley." Here again the differentiation, apart from epidemiological evidence, as to exposure and the previous attacks suffered by the patient, is difficult, and authorities are divided on the question of the existence of Duke's disease as a distinct entity. Alleged Duke's disease accompanied by the prodromes, throat, and tongue of scarlet fever, cannot be safely regarded as other than scarlet fever; and such a diagnosis, while perhaps not invariably correct, is the only proper diagnosis, if frank scarlet fever appears in the history of exposure or exists in the neighborhood. On the other hand, a case clinically German measles, with a history of exposure to German measles and no scarlet fever about the neighborhood, need not be

diagnosed as scarlet fever merely because the rash is scarlatiniform, instead of "measley." Such cases may be called Duke's disease. They should be isolated, and especially should be shut out of school, Sunday school, etc. The measley type of Duke's disease is simply German measles.

To show that German measles and measles proper are as distinct as are chickenpox and smallpox, is not difficult. The following series of statements appear to cover this point:—

1. That measles proper protects against a subsequent attack of measles proper, as a rule. Cases have been established where measles proper has occurred more than once in the same person, but, undoubtedly, in many of the alleged instances of dual attacks, one of the attacks only has been measles proper, the other German measles.

2. That scarlet fever protects against scarlet fever, although dual attacks have undoubtedly occurred.

3. That German measles protects against German measles, satisfactory evidence as to dual attacks not existing, although by analogy it is more than likely that they occasionally occur.

4. That some studies of Duke's disease seem to indicate that it protects against itself, but that the evidence is scant, perhaps as much because of the uncertainty or negligence in detecting it at all as for any other reason.

5. That no one of the diseases—scarlet fever, measles proper, or German measles—protects against either of the other two. The evidence concerning Duke's disease is scant, but it would appear that it does not protect against scarlet fever or measles, or vice versa. Whether or not it protects against German measles is also not established.

For all these reasons, therefore, the diagnosis between measles proper and German measles is of the greatest importance. If the physician who makes a conclusive diagnosis of any one of the diseases above listed would distinguish on his records and supply to the families concerned a record which could be presented as evidence on the subject, a valuable advance in public health data and also in clinical evidence would be provided for. Schools should require from their pupils a list of the diseases such pupils have already suffered from; and to this list should be added such new infections as they receive from time to time. The attempts already made in this State to secure such data from schools have resulted in remarkably instructive and practically useful results.

In actual diagnosis the difficulties are encountered almost wholly in the early stages of frank cases, and in mild cases. A knowledge of the previous diseases the patient has suffered from are of the greatest value in elimination, or in aiding elimination.

Measles proper is as important a disease as scarlet fever. In Great Britain the deaths properly attributed to measles are three times the number of deaths attributable to scarlet fever, and in this country there is no doubt in the minds of the leading enquirers that measles does at least as much sum total damage as scarlet fever, although, case for case, it may perhaps be less harmful. In other words, 100 cases of measles may perhaps show less disability and death than 100 cases of scarlet fever; but if measles is four times as prevalent, certainly

400 cases of measles will show more disability and death than 100 cases of scarlet fever.

Finally, one definite policy should be followed by physicians and health officers with regard to dubious cases, namely, that where there is a question as to whether or not a given condition belongs in the quarantinable or isolatable group, the public is entitled to the benefit of the doubt, i.e., the case should be isolated until the diagnosis is clear, and reported as suspicious in the meantime.—*The Journal of the Minnesota State Medical Association.*

MEASLES.

Written for the Alumnae Association, H.S.C., by MRS. CANNIFF.

Measles, considered by many people as not a serious disease, is in reality one of the dangerous ones, owing to the complications which may arise. It may be taken more than once, by adults as well as children.

The period of incubation is from ten to fourteen days, in rare cases even longer. A patient may be infected and others become infected from him before the actual symptoms appear.

The first symptoms are: running at the eyes and nose, the eyes become very sensitive to the light; the temperature rises to 101 deg. F. and over; there is a bronchial cough; the tongue becomes coated and swollen; the patient becomes irritable and drowsy. In children there may be convulsions. In severe cases there may also be vomiting, diarrhoea, chills and epistaxis. Before the rash appears, small red spots may be seen inside the cheeks. These are called Koplie spots, and are a strong point in diagnosing a case.

The fever is highest about the third or fourth day, frequently reaching 104 deg. F. and 105 deg. F., and the second stage, that of eruption, is reached. The rash comes on the fourth day, in the form of small red spots, gradually getting larger and running together. It appears first at the edge of the scalp, and behind the ears, then spreads to the neck and chest. By the third day of this stage the face, neck and chest are well covered, and it finally spreads till the abdomen and extremities are covered. It fades as it appears, from the face first and so on, and usually leaves a slight discoloration of the skin, which lasts a few days. The temperature usually drops on the second day after the appearance of the rash, but the cough and photophobia will remain for several days.

The third stage is now reached, that of desquamation.

The prognosis as a rule is favorable, but the age and general condition of the patient play a most important part. Most deaths occur in children between the ages of two and ten years.

The patient should be isolated and put to bed. The house should be quarantined for at least three weeks. The patient must be kept warm, the room well ventilated at a temperature of 68 deg. F. Fluid or light diet should be given at regular intervals. A mild laxative should also be given. The room must be darkened to protect the eyes, which might be bathed with a boracic solution, and vaseline applied to the lids to prevent them from becoming glued together. A tonic should be given to keep up the general health and an expectorant mixture may be necessary for the cough.

During desquamation a daily bath of weak carbolic acid solution should be given, and the skin anointed with oil or vaseline. Or the antiseptic may be used

with the oil or vaseline, smeared over the skin each evening and a warm bath be given each morning.

The complications often prove more serious than the disease itself. Of these pneumonia is the most common and perhaps the most dangerous. High temperature, persisting after a scanty rash, usually points to this complication. Bronchitis or laryngitis may also follow, at times even the digestive organs become infected and entero-colitis may be the result. The ears should be closely watched, as there may be inflammation of the middle ear, with pus formation causing deafness to follow.

THE CURRICULUM OF TRAINING SCHOOLS AND THE UNIVERSITY OF AMERICA.

(Abridged.)

By Miss M. S. Rundle, Isla Stewart Scholar at Teachers' College, Columbia University, New York.

Why go to America to study nursing subjects? Has America anything to teach us? We, who are the pioneers of modern nursing all over the world? Every one of us must be very familiar with some such expressions of opinion as these, and surely it is just such expressions that win for us from other nationalities the criticism of self-satisfaction and British complacency.

It was the League of St. Bartholomew's Hospital Nurses that, recognizing we had yet much to learn, thought there could be no more fitting memorial to its Founder, Miss Isla Stewart, than to raise a Scholarship Fund, whereby one or more of its members could be sent to study methods in that New World, and to avail herself of the course of Hospital Economics given to nurses at Teachers' College, Columbia University, New York.

It was my very good fortune to be the first scholar chosen, and I have been asked to tell you something of the curriculum of Training Schools and of the University Course.

Firstly, let me tell you what prompted the American nurse to ask for a University Course, and secondly of the course itself.

The suggestion of a course of studies at a University is likely to bring incredulity into the mind of the average nurse. And we will wait expectantly to hear the old criticisms of the overtrained nurse—of too much theory and too little aptitude for practical work. Here I will quote a professor speaking on the subject:—

"The University should be peculiarly interested in providing for the highest and most selective training of those who are to engage in the pursuits by which human life, human development, and human health are conserved.

"The future teacher, sanitarian, physician, and nurse should be among the especially chosen subjects of its educational care and culture, by virtue of the very nature and purpose of the offices they are elected to fill.

"To win for herself so fitting a place as the handmaid of modern and preventive medicine, to hold for herself her traditional place in the ministry of human pain, the nurse of to-day can neither be too wise, nor too womanly, too trained, or too good."

In thinking of nursing in America to an English nurse, one word must be uppermost in the mind, and that is organization.

It is seen in all spheres of nursing, and the University course is only an outcome of this happy ideal.

The American Society of Superintendents of Training Schools—the name Superintendent corresponding to our Matron—was constituted to raise and protect standards of training, to advocate measures of various kinds for the improvement of nursing.

All important advances—such, for instance, as the extension of the course of training from two to three years, the shortening of hours of practical work, the abolition of money payment to students, the establishment of Preparatory Courses, all these emanated from that Society, and so did the impetus for the preparation of the Teacher and Administrator.

It had long been felt that the probationer in the Training School had a right to a more systematic, thorough training than she was getting. That the instruction should be given to probationers by qualified nurse teachers, and not by chance members of the medical profession, who could not be expected to know just what knowledge a nurse needed, nor even by nurses who had never qualified as teachers, or had shown any aptitude to impart knowledge. And so posts were offered in the largest and best hospitals for qualified Nurse Instructors, whose duties should be entirely to teach the nurses both theoretical and practical nursing. In these hospitals there would be Preliminary Courses varying from six weeks to four months, in which the probationer would not work in the wards except under the direct supervision of her Instructor.

Their time would be taken up with classes of anatomy, physiology, bacteriology, hygiene, materia medica, history of nursing, ethics of nursing and of hospital, dietetics, cooking, bed-making, cleaning, making supplies, bandaging, and in all practical nursing treatment such as hot-air baths, hot and cold packs, cupping, etc. The need of class and demonstration rooms is evident for such a curriculum.

Miss Rundle then described the lecture room, the supply room, and the kitchen, and said that the class of probationers would be divided up into these different departments of practical work in turn, all uniting for lectures. Continuing, she said:—

It is obvious that the Nurse Instructor who holds this position is not of the bookworm type only, but has to be a thorough practical nurse, able to impart both theoretical and practical knowledge to intelligent girls.

Now one sees the need of some institution where a nurse can become qualified for all these branches of her work.

The course at Columbia University under the directorship of Miss Adelaide Nutting meets that need, not only in instructing her how to teach others; but this is one object of the course only, for those nurses desiring posts of administration there are special facilities. These include the study of food properties, economy in buying to procure the most nourishing with greatest variety, the cooking of food, institutional laundry work, everything concerning the buying and keeping of linen, testing materials by chemicals to detect fraudulent supplies, hospital construction.

(I would like to say here that it is recognized by most hospital architects that there is no one better qualified to assist in planning a hospital than the

Matron who is responsible for the working of it, and her expert opinion is sought.)

Administration and organization, psychology. These, added to the study of the history and ethics of nursing, comprise a very useful and complete course.

All other branches of nursing are provided for—social work, district and school nursing, lecturing to mothers and to the public on all subjects of health, sanitary inspection, etc.

Besides this provision for the qualified nurse there are at two Universities preparatory courses for probationers, for four months, in which the probationer studies the subjects she would otherwise pursue in her preliminary course at the hospital. The term (for which she pays) is, by arrangement with the hospital, included in her period of training.

It is the ultimate aim of the pioneers to establish central schools on the same foundation as medical schools, with the use of various hospitals for practical work.

Thus it is hoped to simplify the problem of training in the smaller hospitals.

The greatest value of the University course is that it is the centre of the nursing profession, to which its members turn for visions of the ideal, and not only for visions, but for practical help and guidance. The ideals are written of, lectured upon, and freely discussed one day, and the next the nurse is taken out to a hospital to see things as they really are, and how the Superintendent is trying to meet the manifold handicaps and operations to those ideals.

And not only the profession look to the University for help and guidance, but the medical profession and the public naturally turn to the centre, to the authority, for expert opinion on all matters concerning nursing and nurses.

What has made the hospitals so readily take up and encourage their nurses to qualify themselves in this way, to aim at such a high standard, even to promote scholarship funds, to enable their own nurses to take this University course? The reason is this—the State has passed laws regulating and standardizing the course of training. The school is responsible for the nurse's training, and must be registered as maintaining prescribed standards, before the nurses are eligible for admission to the State Examination.

The force of this is in a negative sense, as it leaves the school a free agent to act on its own initiative by applying for registration.

You will see it is impossible to speak of the curriculum of an American training school without coming face to face with Registration, for it is at the foundation of everything pertaining to the training of a nurse; it has given her the privilege of which we in this country have only dreamed.—*The British Journal of Nursing*.

THE SEVENTH ANNUAL REPORT OF THE TORONTO CENTRAL REGISTRY OF GRADUATE NURSES.

Madam Chairman, Sister Nurses and Our Guests:—

I have the privilege of presenting to-night the seventh annual report of the Toronto Central Registry of Graduate Nurses.

The books closed last year with a membership of 384 and this year ends

with 408; of these 25 are in positions, 120 new members have been added to our list this year.

Many changes have taken place since our last birthday party.

Up to date our membership list consists of the following graduates: Toronto General Hospital, 124; St. Michael's, 41; Grace Hospital, 40; Hospital for Sick Children, 38; Western, 35; Isolation, 24; American, 40; outside Canadian Hospitals, 32; St. John's, 5; Dr. Meyers, 2; English nurses, 23; male nurses, 4.

The calls for the year totalled 2,869, showing an increase of 212 for the year. The largest number came in May, with a total of 325, and the lowest in November, with a total of 177.

FINANCIAL STATEMENT, 12 MONTHS ENDING MAY 31, 1912.

Receipts.

Balance in banks, June 1st, 1911—

Savings Account, Bank of Hamilton.....	\$1,413 61	
Current Account, Dominion Bank.....	209 83	
	<hr/>	\$1,623 44
Fees collected during year.....	\$2,010 40	
Sale of Charts and Clips (averaging \$5.51 per month) ..	66 17	
Interest, Savings Account to May 31, 1912.....	37 45	
	<hr/>	2,114 02
		<hr/>
		\$3,737 46

Expenditure.

Office, Salaries, Registrar and Assistant.....	\$1,320 00	
Telephone, Advertising, Printing, Stationery, etc.....	378 10	
Subscription to Extension Fund.....	300 00	
	<hr/>	\$1,998 10
Balance in Banks, May 31st, 1912—		
Savings Account, Bank of Hamilton.....	\$1,451 06	
Current Account, Dominion Bank.....	288 30	
	<hr/>	1,739 36
		<hr/>
		\$3,737 46

The amount of overdue fees at this date appears to be \$60.

I have examined the vouchers, cheques, bank books, cash books and fee books of the organization, and certify that above statement is in agreement therewith.

June 1st, 1912.

T. W. ELLIS.

A large amount of printing has been done. In November we had slips printed with the list of rates, one of which was mailed to each nurse, so that mistakes in the future might not occur. Charts are always kept on hand, which may be procured by nurses at reduced rates.

The Central Registry, after seven years' steady progress, is now well established, being known and used by prominent medical men throughout Ontario, as well as our own city, but the removal of the office to present address necessitated our having telephone cards and letter of explanation printed and

sent to every doctor in Toronto and those in adjacent towns, who can get a graduate nurse with ease and promptness by calling up Adelaide 316. It seems strange there are still a few who do not know the difference between the Central Registry and a Nurses' Home.

We have many calls for nurses to fill hospital positions. October last five of our nurses very kindly responded to a call from a private hospital in Vancouver, B.C. One has returned, the other four intend to remain a year, or perhaps longer. During the winter and spring others have left us to take hospital positions: three to St. Louis, Mo.; one to Alleghany Hospital, Pa.; two to Swift Current, Sask.; one to Galt Hospital, Lethbridge; one to New Liskeard; two in Cobalt Mines Hospital; one to Fort William; one to Parry Sound Hospital. Several are filling prominent positions in the city. The West has attracted a number to take up private nursing.

We regret to say several of our members were laid aside for weeks through illness. At present Miss Booth is seriously ill in the Western Hospital. We trust to hear of her speedy recovery.

It is our painful duty to report the loss by death of three of our members. Miss Blackstock, graduate of the Presbyterian Hospital, Philadelphia, passed peacefully away July 20th, after an illness of more than a year in the General and Marine Hospital, Collingwood. Miss Kate Winnifred Clark, graduate of New Haven, Conn., died December 18th, only being ill a few days with broncho pneumonia. Miss Muir, graduate of the Toronto General Hospital, who was well known to many present, after an illness of many months, suffering untold agony, borne with Christian fortitude, was called in January to that better world where pain is unknown. Although Miss Muir had been engaged in institutional work for some time previous to her illness, we always considered her one of our number.

To those nurses who have suffered illness personally and to all bereaved our tender sympathy is extended.

Since our last annual meeting a matrimonial epidemic has invaded our ranks and carried off 22 of our members. Our very best wishes go with them for future happiness. Reports have come to us of five who are to be married this month.

We thank you all for your kind support during the year, especially the members of the Registry Committee, for their faithful attendance at our meetings and ready help and sympathy at all times. In closing I would like to mention the clubhouse which has loomed in our vision for years, through the kind generosity of Mr. J. Ross Robertson is now a reality. As you see, we have this beautiful, commodious house tastefully decorated and furnished throughout. We should all show our appreciation of this splendid gift by becoming members.

The success of Registry and Clubhouse depends upon how well each individual member exercises her interest in the work; the "well done" is not to the talented alone, but to those who fill their place, and fill it well.

Setting our own personal interest aside, as we take up the work of another year, may we all be more faithful and give a more willing service.

All of which is respectfully submitted.

MARGARET EWING.

NORTH DAKOTA STATE NURSES' ASSOCIATION.

On May 6th and 7th a mass meeting of graduate nurses of North Dakota was held in Grand Forks to organize a State Association to be known as the "North Dakota State Nurses' Association." The Association has a charter membership of 161, representing Germany, Norway, England, Canada and numerous States in the Union.

Miss Bertha Erdmann, R.N., Directress of Nursing Course at the N. D. University, worked untiringly with the help of Miss Mae McCulloch and Miss Minnie Traynor as a committee from the Grand Forks County Graduate Nurses' Association. This committee formed other committees in the various judicial districts, who in their turn worked bravely to secure a good beginning.

The following officers and Executive Committee were appointed: President, Bertha Erdmann, R.N.; First Vice-President, Maud Sides, R.N., Supt. Jamestown Hospital; Second Vice-President, Louise Hoermann, Supt. Bismarck Hospital; Secretary, Emily Holmes-Orr, R.N.; Corresponding Secretary, Emily Scripture, R.N.; Treasurer, Ethel Stanford, R.N.; Mildred Clarke, R.N.; Ira Knox, R.N.; Eldora Poland, R.N.

Monday morning, May 6th, was given over to the business of the State Committees. During the afternoon the visiting nurses had an opportunity of visiting all the university buildings. It was a bright afternoon and the campus looked very pretty. From 4 to 6 the nurses off duty and in residence at the Nurses' Club gave an informal reception; the rooms were attractive with white and yellow flowers, and all enjoyed a good time. In the evening the ladies of the Civic League gave a reception. Music, recitations by Miss Jacobi, and dainty refreshments made the evening pass very pleasantly, and gave all the nurses an opportunity of knowing each other.

Tuesday, 7th, a mass meeting was held in the auditorium of Teachers' College at the University, Miss Erdmann in the chair. After the disposal of business a paper on "Post-graduate Work and Study" was read by Miss Mae McCulloch, which was much appreciated and discussed. The meeting adjourned to meet again in the Council Chamber of the City Hall at 3 p.m., when the following programme was followed: Invocation by Rev. J. K. Burleson; address of welcome by Mayor M. E. Murphy; response by Miss Louise Packebusch, R.N., Visiting Nurse of Grand Forks; address by Miss Bertha Erdmann, R.N., President of the Society and Directress of Nursing Course, University of North Dakota; address by President Frank L. McVey, University of North Dakota; address, "Objects and Purposes of Organization Work," by H. H. Healy, M.D., of Grand Forks; "The National American Red Cross," by Miss Maude Sides, R.N., Supt. Jamestown City Hospital; discussion; place of next annual meeting, Fargo.

On Tuesday a delightful auto ride was given the nurses by the Visiting Nurse Committee. This was followed by a luncheon given by the medical men, which all enjoyed very much. Following the afternoon programme a banquet was given at the University commons by the Grand Forks County Graduate Nurses' Association, to all the nurses and a few distinguished guests. Miss Erdmann, R.N., was Toast Mistress, the toasts being: "The Nurse and the Community," Mrs. Scott Rex; "The Visiting Nurse," Miss

Johnstone; "The Nurse as a Teacher," Miss Whitley; "The Nurse in the Home," Mrs. Crites and Mr. Fillett. All members felt that the meeting had been successful and that there were brighter hopes for North Dakota nurses.

TO KEEP BABIES WELL.

The Child Hygiene division of the Boston Board of Health began its field work against the high infant mortality in the city, for which it has made arrangements with the Milk and Baby Hygiene Association. Nine municipal nurses reported at the Board of Health office to receive their instructions from Dr. William J. Gallivan. They were assigned to different wards and were supplied with a list of all babies born in those wards this year, with instructions to visit their mothers and do whatever the circumstances dictate to be in the interest of life preservation. They were instructed to turn over to the Milk and Baby Hygiene Association all the mothers whose babies nurse on the bottle, because bottle feeding is regarded as the most serious factor in the mortality of the children. The danger lies largely in the kind of milk obtained and the Hygiene Association has contracted for a specially prepared milk to be delivered in ice every morning at nine different stations, as the mothers send for it. The nurses of the Board of Health will have a conference with the nine nurses of the Hygiene Association in order that they may map out their work and avoid visiting the same houses. Dr. Gallivan says he based his assignment of nurses by wards on a map of Boston which the Hygiene Association made, showing in different colors the frequency of deaths among infants.

At the outset there will be eighteen nurses to do this work—nine from the Health Board and nine from the Hygiene Association, but more will become available for it later in the summer if they are needed. They will have 6,000 babies on their list for their first visits, none of whom is more than six months old, and as soon as they have attended to them and become familiar with their requirements they will be given a list of all the babies who were born last year in Boston, about 15,000 more, many of whom, it is expected, will have to be supplied with modified milk.

Only well babies, such as do not need clinical attention, are to be considered in this campaign. It is to be wholly a preventive work, though the mothers will be given directions about where to find relief if their babies are sick. It is probable that many of that class will be turned over to the Floating Hospital as soon as that institution begins its harbor excursions. The medical authorities consider that the child has a good start in life if it is kept in good health the first twelve months, though the time is coming when the children of this city will be under continuous health supervision from birth to the completion of the school age.

Dr. William J. Gallivan, who, as chief of the division of child hygiene of the Board of Health will have charge of the work, makes the following statement about conditions in Boston which make it necessary, and what it is expected will be accomplished by it:

"According to a report by Dr. William H. Davis, vital statistician of the Health Department, there were 2,245 deaths of infants in Boston under one year of age in 1911. Of this number 649 died before reaching the age of two weeks, and 1,599 died between the ages of two weeks and one year. Of these

1,186 were bottle-fed babies. Among the principal causes of death were the following:

Diarrhoea and enteritis.....	627
Bronchitis	44
Broncho-pneumonia.....	190
Tuberculosis	54
Whooping cough	52
Meningitis	30

The effect of the seasons upon the infant death rate is shown on the monthly number of deaths:

January	162
February.....	175
March	195
April.....	196
May	181
June.....	129
July	286
August.....	260
September.....	224
October	172
November.....	138
December.....	137

"So the conclusion is forced on us that a great many babies die in Boston and that a great proportion of these deaths occur in the summer, and, finally, that a large percentage of these deaths is among babies who are bottle fed. Until quite recently the only activity displayed by the municipal authorities toward the prevention of infant mortality has been the circulation of a pamphlet of advice to mothers. With that exception all efforts toward prevention have been done by private charity. They have accomplished excellent results and deserve the commendation and support of the public.

"Despite their efforts, however, the number of infants who die in Boston from preventable diseases is still too large, and the division of child hygiene has made plans for a campaign against infant mortality. Conferences have been held with various associations. We look forward to a greatly reduced death rate among infants. The law requires physicians to report the birth of babies within forty-eight hours of said birth. Profiting by this information, the division of child hygiene has compiled a list of babies born in Boston since January 1, 1912. To the mothers of all such babies we have sent a circular giving advice about clothing, feeding and care.

"Babies nursed in the natural way cause little anxiety. The nurse will visit them, however, to make sure that the nursing is continued. It is expected that the bulk of the work will be among the bottle babies of those who are unable to employ a family physician.

"Every baby that our nurses find that will be in need of modified milk, or whose mother needs medical advice relative to general care and feeding, they will turn over to the Milk and Baby Hygiene Association. The Board of Health nurses will work with their nurses and there will be no friction between us."

—Transcript.

My Scallop Shell of Quiet

Let not soft slumbers close your eyes,
Before you've recollected thrice
The train of action through the day!
Where have my feet chose out their way?
What have I learnt, where'er I've been,
From all I've heard, from all I've seen?
What know I more that's worth the knowing?
What have I done that's worth the doing?
What have I sought that I should shun?
What duty have I left undone?
Or into what new follies run?
These self-inquiries are the road
That leads to virtue and to God.—*Watts.*

Thank God every morning when you get up, that you have something to do which must be done, whether you like it or not. Being forced to work, and forced to do your best, will breed in you temperance, self-control, diligence, strength of will, content, and a hundred other virtues which the idle will never know.—*Charles Kingsley.*

Habit is a cable; we weave a thread of it each day, and it becomes so strong we cannot break it.—*Horace Mann.*

“The courage to try to do a thing before you know how, the patience to keep on trying after you have found out that you didn't know how, and the perseverance to renew the trial as many times as necessary until you do know how, are the three conditions of the acquisition of physical skill, mental power, moral virtue or personal excellence.”—*Hyde.*

I cannot but think that the world would be better and brighter if our teachers would dwell on the duty of happiness as well as on the happiness of duty.—*Lubbock.*

What must of necessity be done, you can always find out how to do.—*Ruskin.*

The
Guild of



Saint
Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M.G.H., 6.15 a.m.
 Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service
 at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

THE CRY OF THE CHILDREN.

(Continued from July.)

(1) Children are Object Lessons to Nurses. The Children's Ward! What a school of Theology it is! (a) We are brought face to face with suffering innocents. What, after all, is the difference between a savage who slaughters a load of children in his own honor, and a God who "makes infants to glorify Him by their death"?—between Herod, who massacres the innocents, and God, Who could have stopped the massacre and didn't? How can children suffer and God be just? There is a complete answer to this and many another enigma, but I don't know, as yet, what it is. Only the very stupid refuse to believe because they cannot understand.

Besides, God has nowhere pledged Himself to explain Himself or His methods to us now and here. If He had, we should have a right to complain of enigmas; but He has nowhere guaranteed perfect knowledge in an imperfect state. "God is His Own Interpreter, and He will make it plain," some day. But for the Christian even in the twilight of early knowledge, a partial explanation is seen. Pain, as Dr. Liddon says, is like a Sacrament—and, like a Sacrament, its benefits depend on the conditions in which it is received. Just as we believe that Holy Baptism is "the means whereby" the infant receives a full measure of grace because it cannot oppose a rebel will, so we may think of pain as an agency through which the child is being perfected before a rebel will can oppose any hindering barriers to its spiritual effort. "Perfect through suffering" of some kind is the law of universal growth—for child as well as for adult.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Mrs. Tilley, 82 Roxborough Street W., Toronto; Second Vice-President, Miss G. A. Read, 772 Hellmuth Avenue, London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss L. L. Rogers, R.N., 908 Bathurst Street, Toronto. Directors:—Miss K. Mathieson, Riverdale Hospital, Toronto; Miss Eastwood, 206 Spadina Avenue, Toronto; Mrs. Paffard, c-r 36 Yonge Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 113 Delaware Avenue, Toronto; Miss Julia Stewart, 12 Selby Street, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Mrs. Yorke, 400 Manning Avenue, Toronto; Miss Eunice H. Dyke, R.N., 74 Homewood Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Janet Neilson, 295 Carlton Street, Toronto; Miss A. I. Robinson, 295 Sherbourne Street, Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Miss Janet G. McNeill, 505 Sherbourne Street, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss A. Carnochan, 566 Sherbourne Street, Toronto.

Conveners of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-laws, Miss Dyke; Press and Publication, Miss Rowan. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

In our own city the Nurses' Club has advocated registration and those of the Province have asked for legislation. In Manitoba the movement has gone a step further. A nurses' convention was recently held in Winnipeg. It was addressed by Dr. Mary Crawford, who advocated the making of nursing a part of the University course. This would make matriculation necessary before a girl could enter on her special training as a nurse. While, at present, many nurses are college graduates, girls who intend to make nursing their life's work, do not feel compelled to go through the High School. In all but the exceptional case this is unfortunate.

There are women who leave school young but who by diligent study or by gratifying a natural taste for reading improve themselves so that any defects in their early training are overcome. But this is not usually the case and the girl who begins her training after having been many years out of school labors under many disadvantages. The public will agree with the nurses' convention that to raise the tone of the profession, it would be advisable to insist on some general standard of education for those about to enter on a course of training. While womanly tact and kindness with professional skill are the indispensable qualifications of every nurse, a good general education is very much to be desired in those that wait upon the sick.—*Victoria Colonist*.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL

President, Miss B. M. Simpson, Assistant Superintendent, Hamilton City Hospital; Vice-President, Mrs. Newson, 87 Pearl Street North; Recording Secretary, Miss M. E. Dunlop, 175 Charlton Ave. East; Corresponding Secretary, Miss E. F. Bell, Night Supervisor, Hamilton City Hospital; Treasurer, Miss A. Carscallen, 64 Emerald St. South.

Executive Committee—Miss L. O. Watson, 423 Main St. East; Miss C. E. Flock, 238 Robert St.; Miss A. E. McDermott, 10 Stinson St.; Miss M. McEachern, 143 James St. South; Miss M. L. Hannah, Mountain Sanitorium.

Regular meeting first Tuesday, 8 p.m.

A number of our nurses are enjoying a Western trip this summer, among whom are: Miss Deyman, Miss Lucy Watson, Miss Elizabeth Aitken, Miss MacEachern and Miss Ethel Brennan.

Miss Hindley, Class '08, has taken a position in the Hospital at Scott, Sask.

Miss Dalglish is relieving Miss Hannah for a month at the Mountain Sanatorium.

Miss May Brennan has resumed her duties in the operating room after a delightful vacation.

Miss Simpson, Assistant Superintendent H. C. H., is holidaying at Lake of Bays, Muskoka.

Miss Madden returned June 6th from an interesting trip to the West.

Miss Bell, Night Supervisor H. C. H., is enjoying her holidays in Muskoka and at her home in Walkerton.

Married—In Miss Bowman's apartments, Portage la Prairie Hospital, on June 26th, 1912, by the Rev. Watt Smith, Miss Gertrude Summerfeldt, Class '05, to Mr. Fred Machan. Mrs. Machan's many friends were glad to see her in Hamilton for a few days.

The June meeting of the Hamilton Chapter of the G. N. A. O., held at the Nurses' Club, 143 James street south, was very well attended. After the meeting adjourned the nurses went over to the Flower Show in St. Paul's Church Sunday School, given in aid of the Babies' Dispensary Guild.

Mrs. Reynolds of the Nurses' Club is holidaying in Muskoka.



**THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR
GRADUATE NURSES, MONTREAL.**

Established 1895.

Incorporated 1901.

President—Miss Phillips.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison Street.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 112 Mansfield Street, first Tuesday, 8 p.m.

The regular committee meeting was held on Monday, August 5th.

The Association is anticipating the pleasure of having at its first meeting in the Autumn a good report of the Cologne Congress from its delegates.

Miss Maud Welch has returned from her vacation.

Miss Fortesene, Secretary of the C. N. A., is still away.

Miss Fraser and Miss Dewar have left by boat for a trip to Pictou, N.S.

Miss H. S. Hill is spending her vacation in Metis, P.Q.

Miss Trench, Superintendent of the Woman's Hospital, has returned from a vacation in the West.

The Woman's Hospital, Montreal, has moved to 1000-1004 St. Catharine street west. A bazaar is to be held the end of September to raise funds to furnish a room for sick nurses. Any help from friends will be welcome. Donations may be sent to the Lady Superintendent, 102 St. Catharine street west, marked "Nurses' Bazaar."



Gaspé is to have a Victorian Order Nurse. Every year some new part of Canada unfolds, as it were, before the Victorian Order. This year it is Gaspé, and, as the Chief Superintendent made her way along that ever beautiful Quebec shore, it seemed as though nothing could be lovelier. Carlton, with its sunny, sandy beach, the quaint and beautiful little town of Pereé, with its famous rock claimed by the sea-birds for their own; Barachois de Mal Bay, from which floated out to us the sound of the church chimes Sunday morning, and, then, the Gaspé Basin, and the lovely panorama sketched out before our eyes, and we ask ourselves: "Could anything be more beautiful?" But we have asked that question before and we feel that, next year, nay, mayhap this very year, we shall ask it again. Canada is so full of beauty spots!

And it is in Gaspé, with all its natural beauty and its historic interest, that one of our nurses is to labor. The work is there, and judging by the interest the people showed in attending meetings to hear about the Order and to organize, the nurse will be welcomed and will find a good field in which she may work with a will and know that she is accomplishing much, very much, for her service is needed and is appreciated. Is there any higher reward?

On August 8th, Regatta Day, there is to be a Tag Day to start the Nurse Fund—the first Tag Day at Gaspé.

A post-graduate course in district nursing—four months is given at one of the training centres of the Order—Ottawa, Montreal, Toronto, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa or to one of the District Superintendents at 478 Albert Street, Ottawa; 29 Bishop Street, Montreal; 206 Spadina Avenue, Toronto, or 1300 Venables Street, Vancouver, B. C.

HOSPITALS AND NURSES.

Winnipeg:—Miss Wilson, Lady Superintendent, Winnipeg General Hospital, has opened the Nurses' Cottage "Ha-Ha-Lee-Wis" at Coney Island, Lake of the Woods, Ont. The cottage will remain open for the summer months.

The King Edward Hospital for city tuberculous cases was formally opened by H.R.H. the Duke of Connaught on July 11th, and is now ready to receive patients.

The corner-stone of the King George Hospital was laid by H.R.H. the Duke of Connaught on July 11th. The hospital, when finished, will accommodate the city's infectious cases.

The Children's Hospital was declared formally opened by H.R.H. the Duke of Connaught on July 17th. This is a beautiful building, and part of it has been in use since early in the year. Already many little sufferers have been cared for here. Miss Ramsay, the Superintendent, will leave shortly for a well-earned holiday. She will be absent about two months.

Miss A. M. Forrest, Head Operating Room Nurse, W.G.H., is spending her holidays with friends in the East.

Miss Hilda Corelli, W.G.H., '09, lately of the staff of Royal Inland Hospital, Kamloops, K.C., is spending the summer months abroad.

Miss Jean Matheson spent ten days at her old home, South Qu'Appelle, and is now at their summer cottage, Kenora, Ont.

Miss Sarah McKibbin, Vancouver, B.C., is spending holidays with relatives in the city.

Miss Ida K. Bradshaw, of the Social Service Department, W.G.H., is holidaying at the Ha-Ha-Lee-Wis, the pretty summer cottage of the W.G.H. nurses.

Miss Isabel M. Stewart, Department of Nursing and Health, Teachers' College, Columbia University, New York, spent several days in the city en route to Morden, Man., to visit her parents. While here she addressed the nurses on Registration and Higher Education for Nurses, and also told how Registration is working out in some of the American States. We hope to hear her again before she returns to New York.

Miss Ethel Johns, Superintendent, McKellar Hospital, Fort William, spent a month in the city visiting her mother and renewing acquaintances.

Misses C. M. Hood, Mary Bell and Ethel Reid, graduates W.G.H., left the city on July 2 with the party of about 350 teachers and nurses visiting the Old Land and the Mediterranean. This is the third summer party of this kind arranged for by the Board of Education, and organized by Mr. Fred Ney. The party will return early in September. We wish them all bon voyage.

The W.G.H. Nurses' Alumnae Association gave their annual "At Home" to the graduating class on May 14th. The entire number of those present signified to the "Look Out Committee" their wish to become members as soon as they are eligible. Two or three were absent on account of illness. An orchestra was in attendance. Mrs. Moody and Miss Wilson did honors at the tea table, while Mrs. S. J. S. Pierce cut the ices. Dancing, girls only, was indulged in, and after singing Auld Lang Syne the evening was voted the best ever in the history of the Association.

Miss Bowman, Superintendent, Portage la Prairie General Hospital, spent a week in the city in May.

Miss Beveridge, Superintendent of Nurses, M.S.N.M., is on holidays at present.

Miss Mary Gardner resigned her position on the Margaret Scott Nursing Mission staff, and, after a holiday, has accepted the position of Head Nurse of Children's Ward, Children's Hospital.

Misses Gent, Hermann and Aikman, Staff Nurses, W.G.H., were sent by the hospital to Regina, Sask., to assist in caring for the wounded following the disaster caused by the tornado which swept over that city on June 30th, 1912.

Misses Gray, Burns, Attrill, Hicks and Paynter, Staff Nurses, W.G.H., spent part of their holidays at Ha-Ha-Lee-Wis.

Miss Ethel Reid has resigned her position as Head Nurse, Children's Ward, W.G.H. The Staff Nurses gave a dance in her honour on the eve of her departure.

Miss E. G. Clearihue, Lady Superintendent, Regina General Hospital, spent her holidays with her parents here and has returned West.

Miss E. M. Lowe is summering with friends in England.

Miss Pelden has given up private nursing and gone East.

Miss Thom, Trail, B.C., joined the party of teachers and nurses taking the Mediterranean trip.

Miss Cameron is also taking the Mediterranean trip.

Miss Meehan has gone to Melville, Sask., to take a hospital position.

The afternoon of May the 28th was one long to be remembered by the graduating class of 1912. The beautiful Nurses' Home, made more beautiful by the profusion of plants and flowers, made the background for those graduating, who, for the occasion, had donned new uniforms and everything the pink of perfection, made a very pretty scene indeed. The friends of the graduating class were there in great numbers to do honour to and witness the nurses receive their diplomas and medals, emblems of their three years well spent. The following is the list of those graduating: Miss Clara Gillies, Miss Jean A. Macdonald, Miss Alice May Pirt, Miss Sadie Ferguson, Miss Annie J. Hood, Miss Blanche F. Broley, Miss Edith W. Loucks, Miss Agnes E. Brownridge, Miss Margaret Rinn, Miss Alice M. Patton, Miss Edith E. Howland, Miss Evelyn E. Hall, Miss Lizzie R. Aikman, Miss Annie Bertha Hamilton, Miss Frances E. Hodgins, Miss Jean St. Clair Cowie, Miss Edith M. Gollmer, Miss Margaret E. Hardy, Miss Janet M. McClung, Miss Lenora Herrington, and Miss Georgina Grace MacEachern. Rev Dr. E. Guthrie Perry, of Manitoba College, was the chief speaker, and it should have gladdened the heart of every nurse present to hear him laud the nursing profession, and certainly it sounded good to the older graduates to hear him voice their sentiments, that in this modern age there should be a closer tie between the training schools and universities, and also that the time was near when nurses graduating would receive their diplomas as other graduates do, at the hands of the Chancellor of the University.

Mrs. (Dr.) Hugh MacKay is spending the summer at Detroit Lakes.

The Alumnae Association of the Guelph General Hospital held its annual meeting in the Nurses' Home on July 25th, at 3.30 p.m. The reports of the officers were received, that of the Secretary, Miss Walker, being particularly

interesting. She reviewed the progress of the Association from its reorganization in 1905, with a small membership of thirteen, to the present, showing an increase of forty-seven members on the roll. She urged the necessity of greater interest being taken on the part of each individual member, and asked for the co-operation of the nurses for the advancement of the profession of nursing, and gave other good advice, which I should like to report, did space permit. The Association received with deep regret the resignation of Miss Walker, who has always been a most enthusiastic worker, and to whose efforts the Association owes its reorganization. Miss Walker is going, with her people, to live in Vancouver, B.C. The officers for 1912-13 were elected: Hon. President, Miss Reekie, Superintendent, G.G.H.; President, Miss Armstrong, 9 Queen St., Guelph; 1st Vice-President, Miss Watrous; 2nd Vice-President, Miss Gibson; Secretary, Miss



Kropf, General Hospital, Guelph; Treasurer, Miss Miller, 19 Powell St., Guelph; Sick Visiting Committee—Miss Hackney (Convener), Miss Taylor, Miss Holmes; Nurses' Room Committee—Miss Gladstone (Convener), Miss E. Richardson, Miss Liphardt; Programme Committee—Misses Phillips and Gordon; Canadian Nurse Rep.—Miss J. E. Anderson, 35 Norwich St., Guelph.

The graduating exercises of St. Joseph's Hospital, Chatham, Ontario, took place in St. Joseph's Hall Monday evening, June 10th. The stage was beautifully decorated in white and yellow, the hospital colors, for the occasion. Rev. Father James, O.F.M., presented the eight graduates with their diplomas and medals, and eight little flower girls danced in and presented exquisite bouquets.

A most interesting address was given by Rev. Father Brennan, of Wallaceburg. Appropriate addresses were also given by Dr. R. V. Bray and Dr. C. R. Charteris. The graduating nurses were: Misses Florence King, Veronica Casey, Anna L. Mayhew, Mary Smith, Sarah Denomy, Cora Forton, Elizabeth Minard and Marie O'Dwyer.

The graduating exercises of St. Luke's General Hospital Training School

for Nurses, Ottawa, were held on May 15th. Sir Louis Davies gave the opening address. Dr. W. Carden Cousins read the report of the Training School, and also led the nurses in the Florence Nightingale Pledge. H. R. H. the Duchess of Connaught presented the diplomas and medals. The valedictory was given by Dr. Robert A. Powell. His Grace the Archbishop of Ottawa pronounced the benediction.

Halifax, N.S.—The Fund for Sick Nurses promises to derive substantial benefit from a very successful concert given by the Association on the evening of May 24th. The assembly hall of the Y. W. C. A. had been tastefully decorated under the supervision of Misses McKee Graham. The hangings of bunting made a pleasing contrast to the neat uniforms of the nurses.

Several talented vocalists gave assistance with the programme and clever readings and recitations were contributed by Mrs. Jakeman and by Canon Hind. Nurses in uniform representative of the various hospitals, the Army Nursing Sisters, and the Victorian Order of Nurses, acted as ushers.

The opening chorus, "Let Music and Song be our Pastime," was delightfully sung by Misses Covey, Runby, Mosher, Smith, Fitzgerald, Moubouquette and the Misses Bernaby. At the conclusion of the programme these nurses also sang the Maple Leaf, the National Anthem.

The seventh annual meeting of the Alumnae Association of St. Michael's Hospital, Toronto, was held on Monday, May 13th. The President, Miss Connor, occupied the chair. A large number of members were present. Reports of the different committees were read and were very satisfactory. The election of officers took place, resulting as follows: President, Miss Connor, 853 Bathurst St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Miss McBride, 518 Markham St.; Secretary, Miss Thompson, 9 Pembroke St.; Directors, Miss Isabel O'Connor, 9 Pembroke St.; Miss Crowlie, 853 Bathurst St.; Miss O'Brien, 570 Sherbourne St.; Secretary-Treasurer Sick Benefit Fund, Miss O'Connor, St. Michael's Hospital; Representatives on Central Registry Committee, Miss Power, 9 Pembroke St.; Miss Rowan, 9 Pembroke St.; Representative "The Canadian Nurse," Miss Dunne, 549 Markham St.

The handsome new wing of the Owen Sound General and Marine Hospital was opened on April 16th. It contains the Superintendent's suite, a diet kitchen, the delight of the nurses, the dispensary, and a well equipped operating suite, in addition to the wards. Several churches and societies have furnished wards. The equipment throughout is of the best. The total cost is nearly \$40,000.

The twenty-second graduating exercises of Grace Hospital Training School for Nurses, Toronto, were held on Thursday evening, June 13th, at 8.30 o'clock in the assembly hall of the Royal College of Dental Surgeons. Mr. J. E. Atkinson, Secretary of the Board of Governors, occupied the chair. The proceedings were opened by the Rev. C. E. Sharpe, who offered the invocation.

Dr. Bruce Smith, Inspector of Hospitals, addressed the graduating class. He mentioned some of the phases of private nursing which would tax the newly graduated nurse severely at times, and gave excellent rules to be

observed by all nurses, especially exhorting them to cultivate a sense of humor. He dealt at some length with the sacred duties imposed upon the nurse who receives the full confidence of the family in which she is placed. Miss Rowan, Principal of the Training School, administered the Florence Nightingale Pledge to the class, after which she presented the diplomas. The school pins were presented by Dr. Edith Beatty, Medical Superintendent. The medical staff of the hospital presented each member of the graduating class with a complete set of nurses' instruments in a case.

The following nurses received their diplomas: Miss C. L. Bradshaw, Ridgeville; Miss B. M. Charters, Meaford; Miss I. L. Hart, Toronto; Miss Amy McCallum, Toronto; Miss E. A. Quigley, Leaskdale; Miss A. M. Calder, Beaverton; Miss A. A. Dent, Montreal; Miss B. O. Maguire, London; Miss M. F. Henrieks, Toronto; Miss M. A. Archibald, Kettleby; Miss A. S. Elliott, Bramp-ton; Miss F. E. McLaughlin, Palmerston.

The winner of the VanderSmisssen medal was Miss E. A. Quigley. Mrs. R. B. Hamilton's prize for neatness was awarded to Miss M. F. Henrieks.

After the close of the exercises a reception was held and later the nurses enjoyed an informal dance for an hour. The bouquets of Richmond roses carried by the graduating nurses were presented by Sir Henry Pellatt.

The regular meeting of the Toronto Central Registry Committee was held at the clubhouse, 295 Sherbourne St., on Monday, July 1st, at 3 p.m., Miss Ferguson in the chair. Nine members were present. Eight applications were considered by the committee and accepted.

We are sorry to report the death of one of our members, Miss Booth, a graduate of the Toronto Western Hospital, who died June 10th. Total calls for June were 258; Extension Fund cases, 2. Balance in bank July 1st, \$1,664.45.

Miss Teetgen has returned from her visit to the Old Country, and is on her way to Islay, Alta. She has been in England soliciting contributions for the first Lady Minto Cottage Hospital in Alberta. This little hospital at Islay, which has attracted the attention of the whole West, has recently been completed. Ten months ago there was nothing of it, to-day there is a neat little building equipped throughout, and with nurses and a doctor in charge. The moving spirit in all this is Miss Teetgen, who came to the West last summer on a visit to her sister at Islay. While there it came to her how great a need there was for such an institution if the pioneer woman was to be given a chance for her life and that of her child. As the Hon. Frank Oliver put it: "While others talked of the necessity, Miss Teetgen went forth to meet it," and the result is the little hospital. Miss Teetgen was made Honorary Secretary of the hospital, and took a trip to England this winter in its interests.

The work has cost about \$5,000. Two thousand dollars was contributed towards the Building Fund by the Lady Minto Fund in the administration of the Order (in virtue of which Islay Hospital is affiliated to the Order), but the other \$3,000 has been collected on Islay's behalf, locally, and by the individual efforts of the Secretary in Edmonton and in London, England. Needless to say, the hospital does not look to the Order for maintenance; it is wholly responsible for itself. It was because of the disappointing harvest

last year that the Secretary had to look further afield than the Islay district for funds, and she has been immensely encouraged in her task by the approval of men like the Premier of Alberta, the Commissioner of Immigration in Winnipeg, and of no less a figure in the world of hospital affairs and nurses' concerns in London than Sir Henry Burdett, K.C.B. As the first and only Lady Minto Cottage Hospital in the whole Province of Alberta, it is to be hoped that success will mean the multiplication of such little centres of beneficent activity over the whole homesteading area.

The Corry Hospital Training School, Corry, Penn., held its annual commencement exercises May 23rd, 1912. Seven nurses received diplomas—Miss Edith Anderson, Miss Maud Thornton, Miss Elizabeth Patriarche, Mrs. Ora Harper, Miss Elizabeth Hamilton, Miss Lillian Harper, Miss Helen Hill.

The annual graduation exercises of Royal Victoria Hospital, Barrie, Ont., took place on Tuesday, June 18th. F. R. Porritt, President of the Board, presided. He announced a bequest of \$7,000, which, with the \$2,000 given by Judge Ardagh, made the nucleus of what he hoped would be a large endowment.

Mr. Porritt presented diplomas to the graduating class: Miss Ethel Halbert, of Alliston; Miss Ida Howard, of Weyburn, Sask.; Miss Josephine Quinn, of Barrie, and Miss Henrietta Isbister, of Peterboro.

Dr. Evans briefly addressed the nurses, emphasizing chiefly the nobility, the responsibility and arduous nature of their work. He congratulated them upon the honors achieved, which he felt sure they would always wear worthily, and he wished for them the highest success in the sacred and noble calling they had chosen.

The class pins were presented by Mrs. Drury, President of the W. A. As a worker on behalf of the hospital for ten years, she wished to express her appreciation of the generous treatment their work had received from the people of Barrie. The W. A. never appealed to them without a hearty response.

On behalf of the Auxiliary, handsome bouquets were presented to the graduating class by Mesdames Gallie, Bosanko, Watt and Otton. To Dr. McLeod fell the duty of presenting the gold medal to Miss Halbert, which duty he prefaced by a few remarks.

"The hospital stands for natural solicitude for suffering, ennobled by Christianity and rendered efficient by abundant resources of medical skill," was the definition with which Rev. Dean Moyna opened his remarks. He showed that hospitals dated back to the days of ancient Greece and Rome, but the coming of Christ, which made us all brothers as well as brothers of Himself, ennobled this spirit, placed it upon a higher plane. It is such work that will merit the words of commendation "Inasmuch as ye did it unto one of these, etc." The wealthiest man in Barrie could not purchase any better treatment than is here offered to the poorest citizen. "The hospital appeals to us from a humanitarian standpoint, from an economical standpoint, from a Christian standpoint, and there is not a man in Barrie, be he rich or poor, who should not contribute, according to his means, for the support of this most worthy and necessary institution."

A few words from the President, expressing appreciation of the work of the Woman's Auxiliary, brought the programme to a close.

The graduating exercises of Toronto General Hospital School for Nurses were held on the afternoon of May 31st. Mr. J. W. Flavelle, Chairman of the Board of Governors, presided. Rev. Professor Law, D.D., offered the invocation. The Ven. Archdeacon Cody, D.D., LL.D., addressed the graduating class. The report of the school was read by Miss R. L. Stewart, Superintendent of Nurses. Dr. C. K. Clarke, Superintendent of the Hospital, presented the diplomas and medals. The Dr. James F. W. Ross Scholarship for general proficiency was awarded to Miss B. B. Pollard. A special scholarship was awarded to Miss Anna Bartlett, who shared the honor of being first with Miss Pollard. The H. A. Bruce Scholarship for proficiency in operating room technique was awarded by Dr. Bruce to Miss E. M. Wilkins. For highest standing in examinations: 1, the Charles O'Reilly Prize, was awarded to Miss B. B. Pollard; 2, the Walter S. Lee Prize, to Miss A. Bartlett; 3, the R. L. Patterson Prize, to Miss Minnie J. Duncan. Prize for neatness and order in room, awarded annually by Mrs. R. B. Hamilton, went to Miss Pollard and Miss Duncan.

In the Intermediate year the J. D. Patterson Scholarship for general proficiency was won by Miss A. G. Dove, and in the Junior year the Arthur McCollum Memorial Scholarship for general proficiency was awarded to Miss McEachren.

At the close of the exercises the garden party in the beautiful grounds gave an opportunity to the guests to offer their congratulations and good wishes to the new graduates.

The graduating class: Charlotte E. Anderson, Massey Station; Mary A. Atkinson, Barrie; Anna M. Bartlett, Beamsville; Minnie Curts, Toronto; B. Henrietta Davidson, Toronto; S. Agnes Campbell, Carman, Manitoba; Minnie J. Duncan, Toronto; Anna Ellerington, Toronto; Agnes A. Godbold, Toronto; Isabella McD. Haig, Baltimore; Corinna B. Hanna, Mono; Florence Hill, St. John's, Newfoundland; Lena G. Hurst, Alliston; Mary Elizabeth Jardine, Omemee; Christine M. Johnston, Toronto; Helen B. Knowles, Toronto; Elsie M. W. Loblaw, Bond Head; J. Leila Oldham, Chatsworth; Alma M. Patterson, Toronto; Birdie B. Pollard, Oshawa; Meta J. Ryan, Waubesa; Elizabeth T. Standfield, London; Edith L. Stauffer, Brigden; Lulu M. Stevenson, Toronto; E. F. Tupling, Shelburne; E. Maude Wilkins, Baysville; Margaret E. Owen, Kamble.

Miss Annie Jones, of Boston, Mass., a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has succeeded Miss Effie W. Ferris, also a graduate of the Pennsylvania Orthopaedic Institute, in her private practice in Wichita, Kansas, owing to the latter's marriage.

Mr. Peter P. Decosky, of Saginaw, Mich., a graduate of St. Mary's Hospital, Saginaw, Mich., and also of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been engaged to take charge of the hydropathic department of the Elyria Memorial Hospital, Elyria, Ohio, to succeed Mr. Gunning Butler, also a graduate of the Pennsylvania Orthopaedic Institute.

Miss Maria E. Stevenson, of Philadelphia, after her graduation from the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been engaged for the mechanical department of the Barber Sanatorium and Hospital, Charleston, W. Va.

Miss Marie McK. Guilmette, of Winnipeg, Canada, after completing her courses in Mechano-Therapy at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been engaged by the Charlotte Sanatorium of Charlotte, N.C., to take charge of its mechanical department.

Among the students graduating at the end of the winter and spring terms were the following trained nurses: Emmy C. J. Hoffstrom, Manchester, N.H., Augustana Hospital, Chicago, Ill., post-graduate Massachusetts Charity Eye and Ear Infirmary, Boston, Mass.; Mary V. High, Ashtabula, Ohio, Ashtabula General Hospital; Anna L. Gummick, Saginaw, Mich., St. Mary's Hospital, Saginaw, Mich.; Anna M. Dwyer, Saginaw, Mich., St. Mary's Hospital, Saginaw, Mich.; Rose F. Failey, Mobile, Ala., Providence Infirmary, Mobile, Ala.; Peter P. Decosky, Saginaw, Mich., St. Mary's Hospital, Saginaw, Mich.; Lucile L. Goodrum, Tonopah, Nevada, Sister's Hospital, Sacramento, Cal.; Minor's Hospital, Tonopah and County Hospital, Goldfield, Nev.; Freda O. Boek, Holyoke, Mass., Holyoke City Hospital and Mothers' and Babies' Hospital, New York; Louise K. Harris, White Haven, Pa., Chestnut Hill Hospital and Oncologic Hospital, Philadelphia; Anna Lauman, Cold Spring, Ind., Ft. Wayne Lutheran Hospital, Fort Wayne, Ind.; Alice Chapman, Lethbridge, Alta., Canada, Saffron Walden Hospital, England, post-graduate Glasgow Maternity Hospital; Julia Dahlquist, Gothenburg, Neb., Swedish Hospital, Minneapolis, Minn.; Alice M. Hunter, Montreal, Canada, Royal Victoria Hospital, Montreal; Fanny J. Beach, Proctor, Vt., Framingham, Mass., post-graduate General Memorial Hospital, New York; Martha E. Braden, Lexington, Ky., Good Samaritan Hospital, Lexington, Ky.

Miss E. C. Templeton has returned to Calgary, Alta., having completed a most interesting and instructive tour of Turkey, Palestine, Egypt and Scotland.

The annual graduating exercises of the Toronto Western Hospital were held on June 7th, Friday, at 8 p.m., the first to be celebrated in the new hospital building. The opening prayer was offered by Rev. W. H. Hincks. After a very short address by Hon. Thos. Crawford, the Chairman, Miss Bell, read a short, comprehensive report of the year, showing a history of progress and improvement in all branches of the hospital's activities.

Bishop Sweeny, in his address to the graduating class, combined kindly advice with warm encouragement spiced with a liberal grain of humor.

Then came the event of the evening to the class of thirteen graduates, when their hard-earned diplomas and prizes were awarded them, accompanied by an armful of roses from Alma Mater and flowers from friends.

The diplomas and medals were presented by Dr. James McCullough, Medical Superintendent, the scholarships and prizes by Dr. A. A. McDonald, Dean of the Staff.

After the exercises the chairs were cleared from the room and a social

half hour spent, after which time the orchestra arrived and provided excellent music for a few hours' dancing.

Surely no class ever received a warmer send-off than that given the Graduating Class of 1912.

The scholarships and prizes were awarded as follows:

The Dr. Albert A. Macdonald Gold Medal for general proficiency and highest marks, to Bertha Becker.

Prize presented by Dr. H. A. Beatty for highest marks in surgery, to Maud Beckett.

Prize presented by Dr. Price Brown for highest marks in nose and throat, to Florence McKibbin.

Prize presented by Thos. Findlay, Esq., for highest marks in medicine, to Ruby Creighton.

Prizes presented by Miss A. Dixon for highest marks and efficiency in massage: First, Bertha Becker; second, Etta Wabb.

Prize presented by Miss Isabella Pease for highest marks in dietetics, to Maud Beckett.

Prize presented by Dr. Wm. Heggie for general proficiency and highest marks in Intermediate Class, to Patricia Tuckett.

The Graduates are:—Margaret Annan, Dunbarton; Zella DeGeer, Stouffville; Norma Cook, Fordwich; Maud Beckett, Tillsonburg; Bertha Becker, Proton Station; Ruby Creighton, Schomberg; Etta Wabb, French River; Jean Fasken, Port Dover; B. M. Campbell, Owen Sound; Willa Chapman, Kingston; Gertrude Parker, Bobeageon; Florence McKibbin, Strathhaven; Ella Masterson, Peterborough.

The annual graduating exercises of the Brandon General Hospital Training School were held in the parlors of the Nurses' Home on June 3rd, when a class of ten received their diplomas.

Amongst those present were a number of the medical staff, board of directors and graduates of former years.

The exercises were opened by the President, Mr. Chas. Whitehead. The graduates were addressed by the doctors and members of the Board. The examiners spoke in very high terms of the work of the class, the marks received giving evidence of diligent study.

Five medals were awarded owing to the competitors for second and third prizes having even marks. The names are as follows:—M. A. Waddy, gold medalist; E. G. Dolmage, silver medalist; S. Haddock, silver medalist; E. F. McIvor, bronze medalist; M. M. Morrison, bronze medalist; A. S. Francis, J. A. Hardy, R. M. Duffus, C. F. Dunn, C. Calder. Miss M. M. Morrison was also awarded the special prize for general proficiency.

A pleasing feature of the evening was the presentation of a framed photograph of the class to Drs. More and McDiarmid, who are retiring from active work on the staff after many years of faithful and efficient service. A similar photograph was presented to Miss Birtles, Superintendent of Hospital and Training School, and also to Mrs. Hatcher, the housekeeper.

Light refreshments were then served, after which the singing of the class chorus and the National Anthem terminated a most enjoyable evening.

The Mission boat, Columbia II, of the Columbia Coast Mission, and the three hospitals situated at Van Anda, Rock Bay and Alert Bay, have all had an especially busy season ministering to the various camps along the coast, as well as for the settlers and Indians.

Miss Fitzpatrick-Smith, formerly one of the Assistant Superintendents at the Vancouver General Hospital, has left for Victoria, to reside there. Miss Fitzpatrick-Smith will take up the duties of Secretary of the Victoria Women's Club.

Vancouver.—During the week ending July 27th the attendance on the five city playgrounds was 7,357, as compared with 7,040 for the previous week.

More than 330 games of great variety were played with various sized groups ranging in size from 10 to 100 players and twenty-one baseball or lacrosse matches were played, while four of the grounds held picnics to various beaches or parks. The various activities carried on are impossible to tabulate correctly. Each day ten expert play leaders are instructing the children of the city in the principles of good citizenship, good health, fair play and clean living.

Saskatoon, Sask., is to have a new St. Paul's Hospital, to cost \$120,000.

Probably the most striking feature of the new wing of the Isolation Hospital, Toronto, which is just being opened for use, is the precaution taken to prevent cross-infection.

The new building is designed specially for diphtheria patients and for observation wards. It is to the observation wards that the chief interest attaches. These are in the rear, while the diphtheria wards are in the front. The observation wards comprise a number of cubicles, glass-partioned compartments, in which the diphtheria patients are kept for a period of incubation, five days. The nurse in charge takes precautions to prevent the carrying of some other disease to the patient. She changes her gown each time she enters a cubicle, and keeps a separate gown in each. Not only does she change gowns, but she scrubs her hands after every visit to a patient.

Tag Day, on July 20th, in Vancouver, B.C., for the collection of funds for the Victorian Order of Nurses, resulted in over \$4,000 being collected.

The Board of the Royal Columbian Hospital, New Westminster, B.C., decided to call for tenders for the removal of the annex to the main building to a position in line with the Nurses' Residence. The removal is to enable the erection of the new building on the site of the old.

The new wing, containing seventeen rooms, which is being added to St. Mary's Hospital, New Westminster, B.C., will be ready for occupation in September.

The Toronto Western Hospital Alumnae Association held its last meeting for the season on June 7th, at the Graduate Nurses' Club. Mrs. MacConnell, the President, gave a very interesting report of the Nurses' Convention held in Hamilton, May 24th. Miss Tilley, a graduate of the School, then addressed the Alumnae on "Medical Missionary Work in China." Miss Tilley has been engaged in this work since her graduation in 1905, and intends resuming it as soon as her health will permit.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

President, Mrs H. F. M. Bowman, Berlin and Waterloo Hospital, Berlin, Ont.; First Vice-President, Miss Kate Madden, City Hospital, Hamilton; Second Vice-President, Miss C. M. Bowman, General Hospital, Portage la Prairie, Man.; Treasurer, Miss Louise C. Brent, Hospital for Sick Children, Toronto; Secretary, Miss Alice J. Scott, 11 Chicora ave., Toronto; Councillors—Miss Mina L. Rodgers, General Hospital, Niagara Falls, Ont.; Miss Mabel F. Hersey, Royal Victoria Hospital, Que.; Miss Mary A. Snively, Miss Nora Tedford, General Hospital, Montreal, Que.; Miss Robina L. Stewart, General Hospital, Toronto; Miss Ethel Johns, John McKellar Hospital, Fort William, Ont. Auditors—Miss Mina L. Rogers, General Hospital, Niagara Falls, Ont.; Miss Elizabeth G. Flaws, The Wellesley Hospital, Toronto.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Rowan, Supt. of Nurses, Grace Hospital; President, Miss De Vellin, 505 Sherbourne St.; First Vice-President, Miss A. Carnochan; Second Vice-President, Miss P. Wood; Secretary, Miss I. Sloane, 154 Beverley St.; Assistant Secretary, Miss M. E. Henderson, 434 Markham St.; Treasurer, Miss A. M. Comley, 31 St. Mary St.;

Board of Directors—Misses Etta McPherson, Cordingley, Worden, Cunningham and Noble.

Social Committee—Misses Blewett, Stephens and J. H. Russell.

Convenors of Committees: Sick Visiting—Miss Pearson, 434 Markham St. Programme—Miss Hunter, 566 Sherbourne St.. Press and Publication—Miss L. Smith, 9 Pembroke St.

Representatives on Central Registry Committee—Misses Knight and Hawley, 71 Grenville St.

Representative "The Canadian Nurse"—Miss Rowan.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Mrs. E. M. Feeny, 39 Grove Ave.; First Vice-President, Miss Annie I. Robinson, 295 Sherbourne St.; Second Vice-President, Miss M. E. Christie, 39 Classic Ave.; Recording Secretary, Miss J. M. Knisely, 50 Dundonald St.; Corresponding Secretary, Mrs. N. Hillary Aubin, 78 Queen's Park; Treasurer, Miss Clara Evans, 130 Dunn Ave.

Directors—Misses E. Field, P. M. Green, Pearl Allen.

Conveners of Committees—Sick Visiting, Miss M. A. B. Ellis, General Hospital; Social and Look-Out, Mrs. A. G. Findlay, 649 Church St.; Registration, Miss Bella Crosley, 41 Rose Ave.; Programme, Miss Janet Neilson, 295 Carlton St.

Representatives on Central Registry Committee—Miss W. Ferguson, Miss C. A. Mitchell.

Representative "The Canadian Nurse"—Miss Lennox, 107 Bedford Rd.

Regular meeting, First Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL TORONTO.

President, Miss Connor, 853 Bathurst St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Miss McBride, 518 Markham St.; Secretary, Miss Thompson, 9 Pembroke St.; Treasurer, Miss O'Mara, 9 Pembroke St.

Board of Directors—Miss Isabel O'Connor, 9 Pembroke St.; Miss Crowlie, 853 Bathurst St.; Miss O'Brien, 570 Sherbourne St.

Representatives on Central Registry Committee—Miss Power, 9 Pembroke St.; Miss Rowan, 9 Pembroke St.

Representative "The Canadian Nurse"—Miss Dunne, 549 Markham St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, St. Michael's Hospital.

Regular meeting, second Monday, 3 p.m.

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Hon. President, Miss Brent; President, Miss Lina L. Rogers, R.N., 908 Bathurst St.; Vice-President, Miss Teeter, 498 Dovercourt Road.

Recording Secretary, Miss Hill, 105 Roxboro St. East; Corresponding Secretary, Miss Catharine Cameron, 207 St. Clarens Ave.; Treasurer, Mrs. H. Caniff, 755 Ynoge St. Directors—Misses Panton, Charters, Winter, O'Hara.

Conveners of Committees—General Business, Miss Ewing, 295 Sherbourne St.; Sick Visiting, Miss G. Gowans, 5 Dupont St.

Press Representative—Miss M. Gray, 505 Sherbourne St.

Representatives on Central Registry Committee—Miss McCuaig, 7 Bernard Ave.; Miss Gray, 505 Sherbourne St.

Representative, "The Canadian Nurse"—Miss G. A. Gowans, 5 Dupont St.

Regular Meeting—Second Thursday, 3.30 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss J. G. McNeill; Secretary, Miss Annie Daig, 86 Maitland St.; Treasurer, Miss M. Fogarty, corner Pape Ave. and Gerrard St.; Executive Committee, Misses Hallett, McFadyen, Stretton, Mannering and McLellan.

Conveners of Committees—Sick Visiting, Miss Hallett; Programme, Miss McFadyen.

Representatives on Central Registry Committee—Misses Pigott and Semple.

Representative "The Canadian Nurse"—Miss J. G. McNeill, 505 Sherbourne St.

Regular Meetings—First Thursday, 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, R.N., 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, R.N., 113 Delaware Ave.

Board of Directors—Misses Pringle, VanEvery, R.N.; Hunter, Hoyt, Hehu, Mrs. Valentine, and Mrs. Wigham.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Pringle.

The Canadian Nurse Representative—Miss VanEvery, R.N., 116 Fermanagh Ave.

Regular meeting, first Tuesday.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Bell, Lady Superintendent; President, Mrs. MacConnell, 125 Major St.; First Vice-President, Miss Cooper, 30 Brunswick Ave.; Second Vice-President, Miss Kelly; Recording Secretary, Miss Moore; Corresponding Secretary, Miss L. Bowling, 77 Winchester St.; Treasurer, Miss Mary Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Coady, Miss Cooney.

Registry Committee—Miss Anderson, Miss Baker.

Board of Directors—Miss Davis; Mrs. Yorke, 400 Manning Ave.; Miss Cooper, 30 Brunswick Ave.

Programme Committee—Misses Fee, Moore and McDermid.

The Canadian Nurse—Miss M. Butchart.

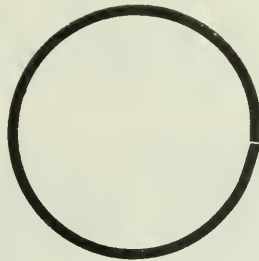
Regular meeting, first Friday, 3.30 p.m.

"there is no surgeon of any experience who is not convinced of the soundness of the principle which underlies Bier's hyperemic treatment, and this being accepted there is every reason to discard the ice bag since the latter brings about a condition directly opposite to what we strive to accomplish in carrying out this principle in the treatment of inflammation involving the peritoneum." Dr. A. M. Fauntleroy, Surgeon, U.S. Navy, *Medical Record*, August 3rd.

Dr. Fauntleroy demonstrates that while the ice bag relieves pain by practically producing numbness as in a frost bitten toe or ear, it also decreases hyperemia, leucocytosis, and encourages stasis in the part to which it is applied.

That heat is the direct antithesis of cold in encouraging favorable physiological action in inflammatory processes, whether superficial or peritoneal, here seems to be most logically and conclusively proven.

That antiphlogistine affords the most convenient, sanitary and satisfactory method of utilizing heat as a therapeutic agent would also seem conclusive from its extensive employment by the medical profession.



BIRTH.

ROGERS.—On July 2nd, at Suite 57, The Roslyn, Roslyn Road, Winnipeg, to Mr. and Mrs. E. G. Rogers, a son.

MARRIAGES.

BATT—HUNTER.—On July 9th, by Rev. Jos. Locke, Margaret Evelyn Hunter, graduate of Hamilton City Hospital, to Mr. Charles H. Batt, West Toronto.

McMILLAN—GRIERSON.—On January 26th, at the Central Methodist Parsonage, Toronto, by Rev. J. H. Hazlewood, D.D., Miss Janet G. Grierson, graduate of Guelph General Hospital, Class '05, to Mr. David A. McMillan, Eramosa, Ont.

McCORMAC—SNIDER.—In Vancouver, B. C., on December 21st, at the home of Mr. A. G. Halstead, Mrs. Lanra Knowlson Snider, only daughter of the late Rev. William and Mrs. Halstead, of Portage la Prairie, Man., to Mr. John W. McCormac, of Santa Ana, California. Mrs. McCormac is a graduate of Winnipeg General Hospital Training School for Nurses, class '02.

Looney—Ratcliffe.—On June 25th, at Stouffville, Ont., Miss Ratcliffe, graduate of Toronto General Hospital, to Rev. Mr. Looney, Brantford.

Wilson—Roberts.—On June 25th, by Rev. Dr. MacGillivray, Miss Leta L. Roberts, graduate of Toronto General Hospital, to Francis D. Wilson, M.D., Calgary.

Aitken—Hewat.—On June 19th, Miss Jean Hewat, graduate of Hospital for Sick Children, Toronto, to Mr. Andrew Aitken, of Rockwood, Ont.

McKinnon—Blackwell.—On June 19th, at the residence of the bride's mother, by Rev. R. Ferguson, Miss Elizabeth Blackwell, graduate of Grace Hospital, Toronto, to Mr. McKinnon of Toronto.

Jamieson—McArthur.—On June 10th, at the home of Mr. and Mrs. John McArthur, Ramona, by Rev. J. R. Reddon, Miss Elizabeth McArthur, graduate of Dr. Meyers' Hospital, to Mr. D. Norman Jamieson.

Jarvis—Cordingly.—On June 17th, at St. James' Cathedral, Toronto, Miss Cordingly, graduate of Grace Hospital, Toronto, to Mr. Seyward Jarvis.

Brown—Thompson.—On February 21st, 1912, at the residence of the bride's mother, East Toronto, by Rev. Judson McIntosh, of Chester, Miss Nellie Thompson, graduate of Toronto General Hospital, to Mr. T. W. Brown, of Saskatoon, Sask.

Sheridan—Boland.—On June 27th, at the residence of Professor McLaughlin, Toronto, by Rev. Prof. McLaughlin, uncle of the bride, Miss Elsie Boland, graduate of Toronto General Hospital, to Mr. Frank Sheridan, Bowmanville, Ont.

Young—Duggan.—On June 25th at 716 Manning Ave., Toronto, by Rev. G. S. Despard, of Aurora, Miss Florence Duggan, graduate of Rhode Island Hospital, Providence, to Mr. Henry L. Young, Toronto.

Hoffman—Spanton.—On June 7th, at 75 Bloor St. East, Toronto, Miss Mabel Spanton, graduate of Birkenhead Hospital, England, to Mr. Norman Hoffman, Gull Lake, Sask.



DUST SPREADS DISEASE

Every breath of air taken into the lungs either purifies or poisons the blood.

Wherever many persons come together there are apt to be quantities of dust floating in the air, brought in from the streets and raised from the floors by the constant movement of many feet.

Science has proved dust is a favorite nesting place for disease germs.

It follows that at every breath there is danger of infection from the germs inhaled with the floating dust.

The necessity of pure, dustless air is especially great in hospitals, sanitariums and similar institutions.

The best known preventive of disease-carrying dust is Standard Floor Dressing.

Standard Floor Dressing catches all dust the instant it settles on the floor and holds it there, together with the germs the dust contains. At the end of the day dust and germs are easily swept away without again rising and polluting the air.

The air is thus kept untainted. The spread of disease is checked at the outset.

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QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

War Office, London, S.W., 15th May, 1912.

The following ladies have received provisional appointments as Staff Nurse:—Miss M. Williams, Miss M. D. Cashmore.

Transfers to Stations Abroad.

Sisters—Miss L. Belcher, to Gibraltar, from Curragh.

Staff Nurses—Miss M. Willes, to South Africa, from Aldershot.

Promotions.

The undermentioned Staff Nurses to be Sister:—Miss M. S. Williams, Miss J. G. Dalton.

E. W. BECHER,

Matron-in-Chief, Q.A.I.M.N.S.

15th June, 1912.

The following ladies have received provisional appointments as Staff Nurse:—Miss F. R. Holmes, Miss G. M. Jones, Miss C. I. Griffin.

Transfers to Stations Abroad.

Staff Nurses—Miss H. V. B. Wolseley, to South Africa, from Netley.

The new Royal Alexandra Hospital, Edmonton, Alta., was opened on April 18th, when the Ladies' Hospital Aid served tea in the new building and gave everyone an opportunity to inspect this fine, large, up-to-date institution.

The opening address was delivered by Lieutenant-Governor Bulyea. Addresses were also given by Mayor Armstrong, Mr. Allan Fraser, President of Hospital Board; Mrs. Arthur Murphy, Honorary President of the Ladies' Hospital Aid, and by Mrs. Braithwaite, the President.

The personal work is the main thing. It is said that St. Paul in arming the Christian soldier, placed sincerity and enthusiasm above all things. Thus armed should be the Juvenile Court worker. He or she should have the magnetism of Moses, the patience of Job, the firmness of Abraham, the wisdom of Solomon, and the unselfishness and love of our Lord and Master.—Ben B. Lindsey, Judge Juvenile Court, Denver.

Ventilation is a most essential part of cleanliness, which is next to godliness; and every effort made to ameliorate the physical conditions of society must infallibly tend to promote its moral welfare, since the Divine order is "first that which is natural, and after that which is spiritual."—Una.

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EXTRACT**

The value of Pond's Extract as a soothing lotion for Prickly Heat, Chafing, Ivy Poisoning and the various heat rashes common to the summer months has been repeatedly proven. It is a prompt and effective means of relief and has the great advantage of being non-toxic—and applicable to the most tender skin—even that of the new born infant.

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September brings a new "school problem" into thousands of American homes—a problem that must be settled in the interest of mental, moral and physical culture. Education at the sacrifice of health is a costly luxury. "What school" is not half so important as "What food." The best food to study on, to play on, to work on is

Shredded Wheat

It is the favorite cereal food in American schools as well as American homes because it contains all the muscle-making, brain-building material in the whole wheat grain prepared in its most digestible form.

Nothing so wholesome and delicious and nothing so easy to prepare as Shredded Wheat Biscuit with peaches and cream. Heat one or more Biscuits in the oven to restore crispness and then cover with sliced peaches or other fresh fruits. Serve with milk or cream and sweeten to suit the taste.

TRISCUIT is the Shredded Wheat wafer, a crisp, tasty toast eaten with butter, soft cheese or marmalade. Delicious for luncheons, for picnics or excursions on land or sea.

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Toronto Office: 49 Wellington Street East

PUBLISHERS' DEPARTMENT

PLASMODIAL ANEMIA.

In spite of the modern theory of the etiology of malaria and malarial affections (mosquito-borne infection) this plasmodial disease continues to be rife in certain sections of the country and bids fair to be, like "the poor," "always with us."

Every physician of experience appreciates the principles which should guide him in the treatment of the various acute manifestations of paludal poisoning, i.e., the destruction of the plasmodial hosts which have invaded the blood and which, if not eliminated, consume and destroy the red cells, the vital element of the circulating fluid.

When this purpose has once been accomplished the patient is but partly cured; the damage done to the red corpuscles must be repaired and the vitality of the blood restored, if re-infection is to be avoided. If there is any one condition in which hematinic or blood-building therapy is positively indicated, it is in post-malarial anemia. As soon as the febrile period has passed, iron, in some form, should be given in full dosage. Pepto-Mangan (Gude) constitutes the ideal method of administering this essential blood-building agent in this as well as in any anemic condition. Both the iron and manganese in Pepto-Mangan are in organic combination with peptones and are therefore easily and promptly absorbed and assimilated without causing digestive derangement or producing constipation.

POST-GRADUATE WORK IN ORTHOPAEDICS.

Physiologic therapeutics comprises all treatments of diseases with non-medicinal means. Though this adjunct to medical science is comparatively young in most of its branches, it has been acknowledged for decades that there are certain diseased conditions in which the treatment with drugs fails completely. This is particularly the case in all deformities. For their correction mechanical means have been employed for a long time, yet in many cases with little success owing to the empiric ways of employing therapeutic measures. In the last ten years a good deal of progress has been made. By far the larger part of deformities, especially spinal curvature, is acquired and not congenital. Recognition of this fact and the knowledge that nearly all deformities can at least be benefited, if not cured, by adequate treatment, have created a large demand for scientifically trained operators who are able to properly treat such conditions. The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has for years made a specialty of this kind of work in its training courses in mechano-therapy. Large clinical material gives the student ample opportunity to study these conditions under the careful guidance of capable instructors. Nurses interested in these courses are advised to write to the Superintendent, 1711 Green St., Philadelphia, Pa., for further particulars.



*Let me tell you
about Benger's Food
for Invalids*

In times of sickness and ill-health, the natural digestive organs are nearly always deranged, consequently the digestive functions become entirely inadequate.

Failure to digest any food taken into the stomach means failure to supply nourishment when it is most required.

On the other hand, if the digestive system can do any work, it should be given work to the extent of its power, then as strength increases, the digestive organs regain their activity.

The great advantage of Benger's Food is that it can be prepared to give either a carefully regulated exercise of digestion, or almost complete rest, according to the condition of the patient.

Benger's prepared with milk is a complete Food in the form of a dainty and delicious cream, rich in all the elements necessary to sustain life. It is well known to medical men and is approved by them. There is no real substitute for it.

Every lady having the care of an invalid, will learn much that is valuable to know in the new Booklet, just published by the proprietors of Benger's Food; among other things, it contains a variety of invalid recipes, prepared to relieve the monotony of nursing, which becomes very irksome to invalids. A copy will be sent free on application to

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Former Supt. Civil Government Hospital, Manila, P. I.; Chief, Division of Hospital Construction and Equipment, Bureau of Health, Philippine Islands.

Information, advice and consultation on subjects pertaining to hospital planning, equipment organization and management.

POULTICES SHOULD BE STERILE.

Prof. George Howard Hoxie of the University of Kansas in his most excellent book on "Symptomatic and Regional Therapeutics," states under the heading of localized inflammation that "the danger of infection should ever be in mind in applying a poultice, for the maceration incident to the poultice favors infection, even if in ordinary circumstances one might consider the area germ proof."

Again he refers under the chapter on Pain, to the dangers from using dirty poultices and that skin affections have been added to the ordinary disorder when break-and-milk or linseed poultices have been used to relieve pain.

It is thus noted how important then, it is, in the employment of a poultice for the relief of pain and inflammation, that a sterile and trustworthy product be applied. Inasmuch as poultices are a means of producing Hyperemia by the use of heat and insofar as they do this better than by other means, it is interesting to observe that in the belief of Prof. Hoxie that "the clay poultices, known best in the form of Antiphlogistine, are the best to employ, as they are sterile and clean."

Antiphlogistine affords not only a safe but clean method of utilizing the advantages of hot moist heat in the treatment of pain or inflammatory conditions. It maintains heat in contact with the part for hours and its adaptability is only second to its therapeutic value.

THOROUGH COURSES IN PHYSIOTHERAPY FOR NURSES.

The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., will open the Fall session of its course in Mechano-Therapy in two sections owing to the large number of applications already received. The first section opens on September 17th and the second section on November 12th, 1912.

Every up-to-date nurse knows the increased demand for special training in these lines. If you are anxious to further your profession's and your own interests, the above named school can offer you facilities that could not be surpassed anywhere.

As previously announced, the Institution has acquired the adjoining building and lot. Extensive building operations are now going on which after completion will provide larger quarters for the school and institution. The new building contains an up-to-date operation room, wards as well as private rooms for patients, laboratory, diet kitchen, etc. This still further increases the facilities for our students, the courses are broadened and the students receive the best obtainable practical and theoretical training. Our graduates are recognized as the best trained operators in this line of work.

If you wish further information write for illustrated booklet and particulars to the Superintendent, Max J. Walter, M.D.

THE CANADIAN NURSE

*A MONTHLY JOURNAL FOR THE
NURSING PROFESSION IN CANADA*

Vol. VIII.

TORONTO, OCTOBER, 1912.

No. 10

SCHOOL NURSING IN TORONTO, CANADA.*

BY LINA L. ROGERS, R.N., TORONTO.

The Board of Education of Toronto, Canada, began medical inspection of its Public Schools in April, 1910—and asked the writer to organize a School Nursing Service. The first step taken was to locate the schools, beginning with those in the poorer localities; to visit all the hospitals, dispensaries, and relief societies; to find out where assistance could be obtained, at the same time to explain what the object of the work was. This interested many groups of people, and when the nurses started work they were cheerfully welcomed. A course of treatment was submitted which was adopted by the Board. In May two nurses were appointed and twelve schools, with an attendance of 6,457 children, were visited regularly each day.

There being no Medical Inspectors at this time, the nurses made classroom inspections each week. This was done in the following manner: The nurse, after knocking, entered the room and enquired if it were convenient to have the class inspected. She stood with her back to a window, having the children pass in front of her, one row at a time. As each child came forward he was requested to hold out his hands, palms upwards, so that any desquamation might be seen, then to pull down the eyelids to note whether granulations or other forms of conjunctivitis were present. At the same time the backs of the hands were inspected. The mouth was then opened for examination of teeth and throat, finally the head was turned to either side to see if the neck, ears and hair were in any way infected. All this was done quietly and quickly, the child unaware of any disease being discovered. Where any defect was found it was noted. A class card used for this purpose gives a record of the name of the teacher, the room and class, the name, age and address and disease in code of the child. A record is also kept on the back of the class card of the date of inspection and the number examined. This routine examination takes about 8 or 10 minutes for a class of 50 children.

After all had been examined, the nurse went on to the next room. When all inspections for the morning had been made, the nurse prepared her dressing table in the Medical Inspection room and sent back to the classes for any children requiring treatment or instruction. Very simple dressings were used—only children who were neglected or very poor were treated in school. After school, the nurse visited the homes and explained to the parents what defects

*Read at International Congress of Nurses, Cologne, Germany.

were found, or why the children were sent home, and asked them to see their own physicians if the case required it.

In September of the same year two Medical Inspectors were appointed, and while the nurses continued to make the routine inspections, they sent all cases to the doctor for diagnosis. The principals of the schools sent requests for the services of a nurse, and two more nurses were appointed. This experiment with a Superintendent of Nurses, four assistants and two Medical Inspectors, thoroughly convinced the Board of Education that a complete system of inspection was absolutely necessary and set about it by appropriating \$23,500 for the following year. In February, 1911, Dr. W. E. Struthers, with staff of six Medical Inspectors, and one Dental Inspector, were appointed.

The city was divided into districts, the schools (of which there were 80, with an attendance of 45,000 children) were formed into groups, one nurse being assigned to each group and one Medical Inspector to every two groups. In February of the present year the staff of nurses was increased to twenty-five and the Medical Inspectors to eighteen. This necessitated another change of system, and each Medical Inspector was given but one group of schools, with an average of 2,600 children. His duties are to make a complete routine examination of all children after vacation at midsummer, Christmas and Easter. The routine takes about one week, and when this is completed, the daily duties consist in making morning inspections, to examine children referred by the teacher or nurse; to examine children for re-admission, and to inspect those for diagnosis. When the Medical Inspector has completed his morning inspections in each school, the remainder of his time is devoted to making complete physical examinations. The Medical Inspectors' hours are from 9-12 a.m. on school days. The nurses, who are on duty from 9-4, with 1½ hours off for lunch, make all the subsequent class-room inspections at intervals of two weeks.

When a class-room is reported having two or three cases of scarlet fever, measles, or diphtheria, a daily inspection of the class is made by the nurse, until the period of incubation is over.

Each nurse has an average of 1,900 children under her care, but this varies in the different sections of the city.

Considerable time is spent by the nurses in taking children to the dispensaries.

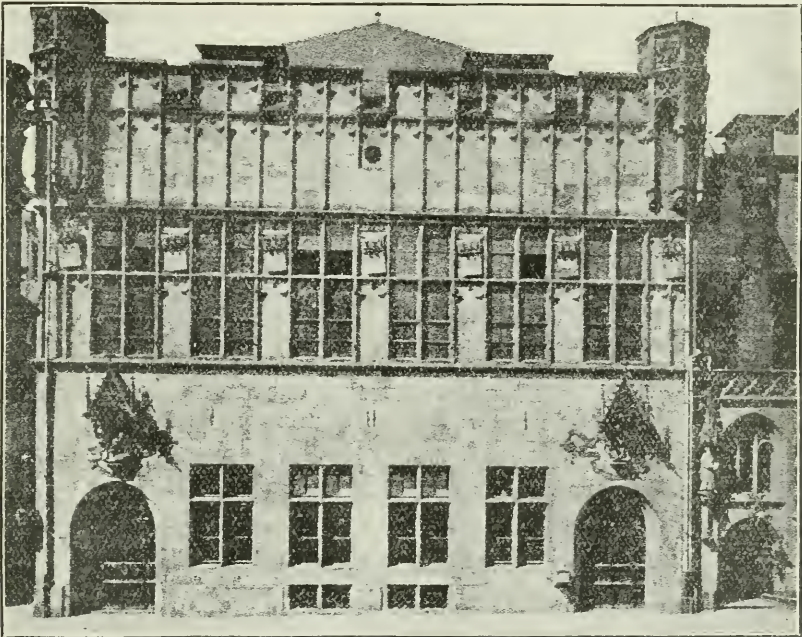
When it is found that the parents are unable, through sickness or otherwise, to take their children to the dispensary, upon a written request the nurse is allowed to do so for them.

When a child is found with any disease or physical defect, a reference card is filled in, stating the reason for referring him and signed by the nurse. When the Medical Inspector arrives at the school he finds the reference cards left for him by the nurse and sends for the children for examination. He, in turn, fills in the diagnosis, stating what is to be done with the child. If the nurse is to treat him in school, an indication to that effect is all that is necessary. If the parents are to be notified a card is sent home, stating what the defect is and asking to have the attention of the family physician called to it. This card is signed by the principal of the school, before being sent to the parent.

If the card is not returned within a stated period, the nurse visits the home to find out the reason and to give further explanation if necessary.

If the children are found to have only unclean heads, the nurse gives the child printed instructions in a sealed envelope to be taken home to the parents, and examines the child regularly until thoroughly clean.

After these cases are disposed of, the treatments or dressings are attended to, and the children returned to their class-rooms as speedily as possible. This is a very important feature of the work, for the nurse can have work done at the dispensary much more quickly and effectively than parents. She can make appointments and keep them and is not prevented, because of home conditions. Possibly the father is dead and the mother has to go to work, or vice versa, or there are a number of small children and the home is too far away from the



Gürzenich—the hall where all the congress meetings were held in Cologne, Germany.

dispensary to walk, and car fare is not always available for a whole family. Those and numerous other difficulties are found in every school in the poorer districts. The nurse follows up these cases and sees that they are finished. She may possibly meet the mother at the dispensary if an operation is found necessary for nose and throat conditions and the mother is timid. Nor does she stop there. She feels that when the child has had his tonsils and adenoids removed, that he must be sent to the country or some place where he can get fresh air and nourishment to get him back to normal condition of health.

Children with defective vision are examined at the hospital dispensary and a prescription given by a qualified oculist, and the Board of Education, on the recommendation of the Department of Medical Inspection, provides the glasses for the poor.

Where relief is required for the family, in the form of clothing, the School Board has provided centres in different sections of the city where clothes are given out on the order of the Truant Officer or the nurses. The supply is kept up by donations or are purchased by the Board of Education.

When the nurses have finished the class-room inspections, referred all cases for diagnosis to the Medical Inspectors and treated or instructed any necessary cases, she receives a list of those absent, on account of illness, from the teacher. These she visits at the homes to ascertain the nature of their illness. If it is a case of suspected scarlet fever, measles, or diphtheria, she reports it to the Medical Inspector, who visits at once and makes the diagnosis where a physician has not seen the case. If the case proves to be infectious, it is reported at once to the health authorities, if not, the child is allowed to return to school when able.

It is during these home visits that the nurse has such splendid opportunity for constructive work. She may find that the whole home is disorganized because the father cannot get work, or she may find one or both parents addicted to drink. There may be illness in the home or there may be only one parent and that one struggling for a living for the family. No one in the family knows which way to turn to get the help that is temporarily needed. Many a whole family has been saved by the friendly advice and assistance of a nurse who cares, and they feel that their opportunities and privileges are great.

A campaign for clean teeth forms a big part of our present inspection work. So few parents realize that teeth decay early and that sometimes a child of seven years has practically lost the most important teeth in his mouth. We urge every child to use a tooth brush and to overcome any excuse for not having one, the Board of Education provides tooth brushes and tooth paste for 5c. each. This enables every child to obtain his own. The brush used is an especially good one, made for the Canadian Oral Hygiene Association, and the paste is prepared in tubes specially for the school children and labelled so. The nurses are told that it will be a criminal offence if any child from now on loses his six-year molar. We hope before long to eradicate many of the diseases prevalent, through the care of the teeth. We know that many cases of tuberculosis have their source of infection in the cavities of the teeth, and who knows how many other diseases are contracted in the same way. Our School Dentist visits the schools twice a week to extract decayed teeth and protruding roots. This is only temporary work until the Civic Dental Clinic is started. A Dental Exhibit is also arranged for the schools, money for which has already been appropriated. Our whole aim is *Prevention*, so we are proceeding along the lines of prophylaxis, rather than waiting until the disease appears.

This brings us to the question of the proper governing authorities of this system. Since it is educational, and all our hope lies in teaching, does it not rightly belong to the great teaching body—the Board of Education? Much better co-operation is gained, too, by having all teachers under the same administration.

We have unfortunately a class of children which have not been so far provided for. These are the feeble-minded. An experiment has been tried in

teaching, and it is found that, while the backward child can be taught the subjects in which he is deficient, the feeble-minded child cannot be taught enough in the Public Schools to enable him to be self-supporting. For these a specially equipped institution, with proper guardians, is required, so they will not be a menace to the community, where they will be protected and made happy, and where they will be taught whatever kind of work they seem to be best fitted for.

Our anaemic, ill-nourished, poorly developed children are being given special attention at present. Our first Open Air School, or Forest School, has just been opened. Fifty undernourished and delicate children are taken every morning to a delightful wooded park which has a large sandy beach on the lake front. The children are given breakfast, dinner and supper, with a lunch between each meal. They are provided with cots and sleep for two hours after the mid-day meal. A teacher is employed and they are taught for a certain period during the day—those behind their grades being given special attention. The rest of the time is devoted to recreation and play.

A nurse is on duty all day, who keeps a record of the gain and has general supervision of the health of the children. A Medical Inspector visits regularly and any change in condition is reported to him. The Street Railway Company has given a special car, which takes the children to the Park at 8.30 every morning and leaves at 6.30 p.m.

We hope that this experiment will prove valuable, that our large schools will have open-air classes equipped on the roofs and which may be carried on all the year round—so that when a child is found in the class-room below normal health he may be sent to the open-air class, and with food, rest and fresh air be brought to his normal health and take his place in the grade.

Many children who are otherwise losing valuable school time, and health as well, will be saved and educated for the community. We hope to start classes for little mothers in different centres ere long. Classes would be held and demonstrations given on the care of infants, special attention and demonstrations being given on the care of infant's food, bathing, dressing. Instruction would be given for care during the summer months which are so trying for babies, when infant mortality is so high.

School nursing is in a large measure social service, and it is from the fact that the Board of Education in Toronto has given such able support and has not in any way hindered the service that it stands high in its care of the school children.

Toronto has the distinction of being the first city to give a post-graduate course to nurses wishing to supplement their general training by a period of school nursing.

The course is for one month. The nurse taking it goes daily with one of the regular staff, assisting with the work and being given a certain amount on her own responsibility when she feels confident to work alone.

We want an ideal system, but before it can be attained the following points must be sifted rules:—

1st. Legislation that makes the establishment of Medical Inspection of schools compulsory for all Boards of Education.

2nd. If, on examination of children beginning school life, any physical defect is found, that it will be an obligation for the parent to have that surgical or medical attention which the child requires.

3rd. That there be a dispensary in every large school where aid can be rendered to the children of the poor.

4th. The admission of a child to school should be conditional on being passed by the Medical Inspector and the carrying out of such treatment as he deems necessary.

5th. That the Medical Inspection Department must be responsible for the conditions of heating, ventilation, cleaning, lighting, seating in all schools. When this is obtained and the children get their right, we can look forward to the closing of many reformatories and jails—and hospitals—and look upon a nation whose physical qualities may be equal to those of the ancient Romans.

THREE YEARS AMONG THE CREES.

BY ANNA ASENATH HAWLEY.

It gives me much pleasure, in response to a request, to endeavor to give my readers a glimpse of some of the encouragements in Indian work which have been experienced on the James Smith Reserve at Fort à la Corne, Saskatchewan. By way of preface, let me say that, previous to taking up the work, I had occasionally read about the Indians, had seen pictures of them, but once only had the opportunity been mine to listen to one who had had actual experience in the field.

One Sunday morning it was my privilege to be numbered among the congregation at St. Luke's, Ottawa. That zealous apostle to the Redmen, the Bishop of Keewatin, brought vividly before his hearers the need of more workers among our aborigines—and as he eloquently extolled in that earnest, impressive manner which we who have heard him know, the faithfulness and devotion of the Christian Indian, his simple, childlike faith, trust, and obedience to the commands of the Keeh-e-muneto or Great Spirit, surely many hearts were touched. The writer resolved that should the way be opened she would one day go out to her dusky brothers and sisters.

It was in September, 1909, the Department of Indian Affairs, after correspondence with the Bishop of Saskatchewan, sent me to minister to the needs of a band of 200 Crees on the James Smith Reserve. "A graduate nurse would be a God-send to this people," wrote the Agent; "the band is weak physically and tuberculosis in various forms has a strong hold upon it." With instructions from Ottawa to act in the dual capacity of nurse and teacher, my face was turned northward, and after several days I found myself "far from the madding crowd," far from the hustle and bustle of the work-a-day world. Before, behind, on either side lay great stretches of rolling prairie, generously dotted with pretty bluffs and nestling here and there a tepee, tent, or little whitewashed cabin and an occasional camp fire sending upward a pale blue smoke. Away to the left the broad Saskatchewan, fed by the melting snows of the famous Rockies, flowed unceasingly onward—hedged on either side with

low reaches of greenery, poplar and willow; and tall majestic pines like so many sentinels, guarding and maintaining the beauty of one of the prettiest rivers. Over all there was a glorious sunset. One could not but exclaim in the words of Robert Service:—

“This is the stillness which fills one with peace!”

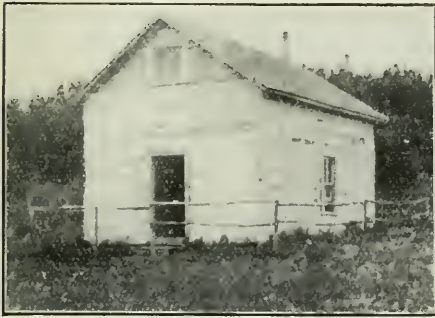
The opportunity of living very near to nature, to meet and to know a people of whom I had such a hazy idea was to be mine. I had asked for it.

I need hardly say that no palatial residence with retinue of servants greeted my arrival, but where there's a will, there's a way, sings the poet, and necessity will always be the mother of many devices.

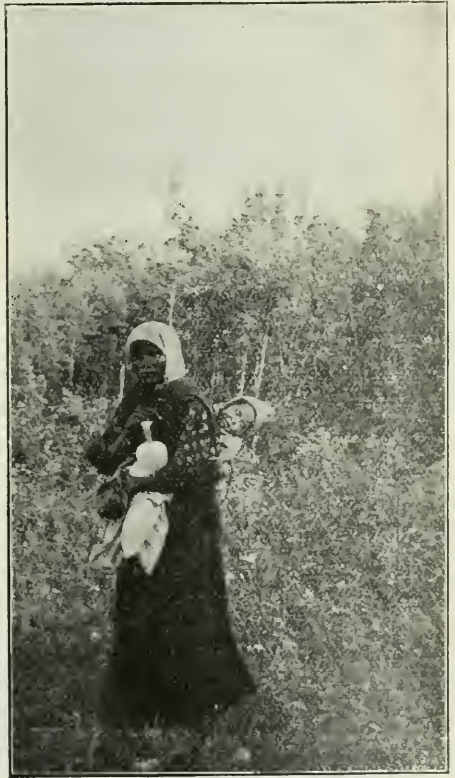
A little log ration-house was soon cleared of its contents and very comfortably fitted up. This sanctum contained two rooms, one below and one above. The room upstairs was designated the dispensary, and contained a generous supply of all needful drugs and hospital supplies.

As I write I can see this tiny cabin in the distance—my first home among the Redmen. Many happy months were spent in it, many hallowed associations will ever be inseparable from it.

If my home was unpretentious so was the schoolroom. One-half mile down



Little log cabin, Medicine Woman's first home.



An Indian mother and her baby.

the trail stood a dilapidated log house which had done battle with summer's heat and winter's snows for twenty years, and its appearance gave ample evidence that the elements would win out. One by one the little children quietly and shyly entered until six dusky flowers were counted. Sweet shyness in all its beauty and primitiveness, and voices sweet and low. An English teacher and Cree children. Surely a clashing of languages; but there is a silent language of the heart understood by all nations. They knew the Moon-e-as-wa

or White Woman had come to try to help them, their very presence told her they were reaching out to bid her welcome.

A box containing hard tack biscuit stood in one corner of the room, and I soon learned it was the custom to distribute two daily to each child as a mid-



The White Cottage.

day luncheon. It was interesting to watch the history of these biscuits. Some children, with their sharp glistening teeth, managed fairly well, others soaked them in water, whilst the less venturesome took them home for a more convenient time.

Three years have passed away since that memorable morning when it needed a stout heart to be of good cheer. Many and various have been the difficulties during those months. There have been times when nothing save the spiritual significance behind it all, and a firm reliance upon those promises which have never failed could have upheld and sustained.

"Lo, I am with you always." "My grace is sufficient for thee; for my strength is made perfect in weakness."

In fancy take a trip to the James Smith Reserve to-day.

For the worker amongst this band of Indians the Department has built that pretty white cottage with trimmings of emerald green just to give it a touch of color. It contains seven rooms and two halls. No expense has been spared to make it modern in every detail—the big furnace in the basement is a real luxury on an Indian Reserve.

Beside the residence is a model school house, with every convenience to facilitate the work. Let us take a peep inside. Twenty children return our greeting in a frank, fearless, self-possessed manner—clean, well dressed children, who exhibit a lively interest in their work. Four standards are represented. The third and fourth have a good knowledge of English. This is evidenced by their enjoyment of the school library. A pretty bookcase stands at one end of the room, containing one hundred well bound volumes, not one of which has been donated. A cabinet filled with exhibits which have done duty at two annual fairs in connection with the school is not without interest.

We see woollen stockings, mittens, wristlets, sashes, mufflers, hoods, dainty crochet collars, neatly made child's dress, work and laundry bags, patchwork quilt, moccasins, birch bark basket, drawing, writing, exercise books, etc., etc.

In competition with the white children of several public schools, these



A tuberculous patient enjoying a sun bath.

Indian children won first prizes in both senior and junior classes in penmanship and second in drawing. The six windows are filled with plants—they belong to the pupils, and how they delight in watering, tending and watching them grow—the best one will be awarded a prize at the annual fair. The walls are decorated with nicely framed pictures, some of which are drawings



The School.

by the pupils. Hygiene is an attractive subject—and much practical benefit has already been derived from its lessons. It is with unconcealed pride that I show you some exercise books, marvels of neatness, which would do credit to a college student.

Here is the dining hall, where the children daily receive a substantial mid-day meal, prepared by the older girls in turn, hence opportunity is given for lessons in domestic science. It is a delight to watch the pupils sitting around the long table, generously supplied with soup, vegetables, meat, bread, tea, rice pudding, etc.—how much the little Indians enjoy it. “Oh, Lord, bless the Department for giving Indian children good dinners,” a little girl was heard to say.

One monthly and three weekly newspapers are received; one of which is the Winnipeg Free Press, as this contains a page devoted to “The Loyal Legion of the West,” a club of which the Indian children are members. Very quaint are some of their letters to the club, which are enjoyed by more than six thousand members. Here is a flourishing vegetable garden—each child has a plot—the vegetables will be on exhibition at the coming fair. We have a baby organ which is a source of delight and interest to the children. It is an inspiration to hear their sweet, young voices in their favorite song—

“Beautiful angels are guarding us ever,
Sent by our Saviour above.
Beckoning earnestly t’wards the bright river,
Sweet guiding angels of love;
Guarding us ever as onward we struggle
Over life’s ocean so broad,
Vigils they’re keeping thro’ joy and thro’ trouble,
Beautiful angels of God.”

May the “beautiful angels” about whom they love to sing keep these dusky children of the prairie pure and holy, and as they grow to manhood and womanhood may their knowledge increase in the ways of truth and righteousness, proper hygienic ways of living, and may they develop those characteristics which go to make up good citizenship.

There is another side of the work which is most interesting. This consists of district work on the Reserve, dispensary calls and an occasional hospital patient.

Very great is the need, and wide is the scope for graduate nurses on Indian Reserves. These Reserves are usually situated far from towns and doctors. Much suffering can be relieved, numberless minor accidents and illnesses cared for, which, if not intelligently treated, would eventually develop into something serious, and possibly prove fatal.

Last week an Indian suddenly appeared at the schoolroom door. “Well, Mee-maydo, you want anything?” “Yes, you,” was the laconic reply. “Kapi-chi-chew very much sick.” I knew that this lad of seventeen was at the hay camps ten miles away, so over the trail we went, and at the end of the journey found the patient fully dressed, with a piece of cloth encircling the head, lying in his tent—and thus he had lain for nearly two weeks. He was a pitiful sight—his face swollen and literally one mass of open sores. He readily accompanied me home, and Kapi-chi-chew is monarch of all he surveys, for he is our only hospital patient to-day.

A little Indian girl appeared at the door yesterday. "Castor oil, please (producing a bottle) and boric acid to keep clean the new baby's mouth."

"Me wants carbolic," says another child, "my brother no lungs good."

"I'm going far away to the hunt," an Indian woman informs me, and has come for ergot, as she has had an occasional hemorrhage of the lungs, and wishes to be prepared for an emergency.

"Camphorated oil to rub, and mustard, and wool, please, to cover, my little boy cold on him lungs," are the dispensary wants of a mother.

"You see," said a school girl, as I entered her home, "I'm letting in the oxygen"—and so she was, every window wide open.

"Please come," said an anxious father, "my baby very much sick, shake lots." Another case of convulsions, probably due to indigestion. On reaching the cabin did I find a helpless mother? Oh, no. She had already plunged the child into a warm, mustard bath, and had given a generous dose of castor oil. "I don't know what makes him come sick," remarked a big sister, "he swims every day." This is a house of clean babies. The Indians are very observant, and have keen memories. Very many surprises are "sprung upon me," as the schoolboy would express it.

An occasional order reaches Winnipeg for Allenbury's Food. One dollar per can! Poor Lo is not always the destitute Indian some people suppose.

Many Indians are on the right trail which leads to the self-supporting Canadian citizen.

So much has been realized which at one time seemed like an impossible dream that it is truly a delight to pause, and view the trail o'er which I have come.

Rugged it may have been, but interesting always.

As I watch an Indian mother press closely to her breast a dusky flower, as I look into the limpid brown eyes and recall the hour we thought they would close forever, when we remember how the flickering spark of life was fanned back to health and strength, there comes the sweet, happy thought in the language of our Guild of St. Barnabas' motto: "*Je le pansay; Dieu le guarit*" ("I tended him; God healed him"). I cannot close this paper without expressing my hearty appreciation to the Department of Indian Affairs for the deep and continued interest it has ever shown in this little corner of its broad domain.

Every effort which the writer has endeavored to put forth for the advancement of the cause has received due recognition—this in itself has cheered and encouraged and has been an incentive to go bravely forward.

I also wish to acknowledge my deep gratitude to the official of the Duck Lake Agency for much practical helpfulness, real interest manifested in every step of progress made by the Indians, and words of cheer and encouragement given from month to month.

Surely in Indian work we can say in the language of St. Paul, "In due season we shall reap, if we faint not."

REPORT OF THE DOMINION REGISTRATION COMMITTEE.*

The undersigned begs to present the following report of the Dominion Registration Committee. At the convention of the Superintendents of Training Schools for Nurses, held in May, 1911, it was decided to form a Dominion Registration Committee. This Committee is composed of three members from the Superintendents' Society, one from the Canadian National Association of Trained Nurses, and two from each Provincial Graduate Nurses' Association, and is as follows:—

Mrs. Fournier, Miss Brent, Miss MacKenzie, from the Superintendents' Association.

Miss Neilson, from the Canadian National Association of Trained Nurses.

Miss Kirke, Miss Wrayton, from Graduate Nurses' Association of Nova Scotia.

Miss Colquhoun, Miss DeBrisay, from the Canadian Nurses' Association of Montreal.

Mrs. Paffard, Miss Crosby, from the Graduate Nurses' Association of Ontario.

Mrs. Douglas, Miss Catton, from the Ottawa Graduate Nurses' Association.

Miss Wilson, Miss Bowman, from the Manitoba Graduate Nurses' Association.

Miss Cooper, Miss Browne, from the Graduate Nurses' Association of Saskatchewan.

Miss Macdonald, Miss Smith, from Victoria Graduate Nurses' Club.

The Secretaries of the various Graduate Nurses' Associations were communicated with and, between the months of June and November, the Convener met the Nurses' Associations in Halifax, Montreal, Ottawa, Toronto, Winnipeg, Regina, Calgary, Edmonton, Vancouver and Victoria. In all of these cities the most cordial and enthusiastic welcome was given the Convener, and it was most gratifying to find the great interest that was being taken in the question of registration. These conferences were most interesting and illuminating.

The plan of the Committee is to have the representatives from each Province prepare the best bill possible for that Province. When all these bills are prepared the Committee will take them, compare them, and from the nine will concoct a Model Bill, which will have all the good points contained therein and none of the bad ones. This bill will be the one presented to each Legislature and, when the last one has passed, we shall practically have Dominion registration.

This method commended itself to the Committee for a number of reasons: it will unite the nurses from the Atlantic to the Pacific. That is very desirable, as in "Union is strength," and the interests of the nurses from ocean to ocean being identical, there should be no artificial barrier raised. Then, too, our chances of obtaining a really good, effective bill are better, when many minds are at work on it, and the various Legislatures are more likely to respect our requests, when they see that the profession are united as to what they want, than as though each little group presented a request absolutely different from that of another little group, and so on. And, again, to have a uniform bill, in-

*Read at the Annual Meeting of the Canadian Society of Superintendents of Training Schools for Nurses in Hamilton, May, 1912.

sureing uniformity of standards for admission and for graduation, throughout Canada would do away with much trouble and confusion in the future.

So far everything is going well, though we have not yet been able to arrive at the Model Bill stage, as we had hoped to before this meeting.

All of the Provinces, with the exception of New Brunswick and Prince Edward Island, have organizations working for registration.

Nova Scotia has its Graduate Nurses' Association, with excellent Constitution and By-Laws, and the nurses are very much alive to the need for registration.

Quebec is interested, but so far has not done a great deal outside of Montreal, where splendid organization work has been going on for some time.

In Ontario, the Graduate Nurses' Association has been working diligently for a long time on their Bill, and have done a good deal of work in the way of educating and enthusing the various nurse organizations in Ontario in the subject of registration. That fact makes the recent action of the Ontario Government in rushing through a most inadequate measure, without having conferred with any members of the Association, all the more puzzling.

Manitoba has been very active. They have a very good Provincial Association, and have had some stirring public meetings, which have done a great deal in the way of educating the citizens, doctors and nurses, as to what they want, and why.

Saskatchewan has been busy, and already have sent in to the Committee a proposed Bill.

Alberta has two Associations: the Calgary and Edmonton Graduate Nurse Associations. They have been endeavoring to unite, so as to work more effectively for registration. Most likely by this time the union is an accomplished fact.

In British Columbia, there are three large Associations—the Vancouver Graduate Nurses' Association, the Victoria Nurses' Club, and the New Westminster Graduate Nurses' Association. The two first mentioned have been working for some time on registration, and steps are now being taken to unite the three, so as to form a British Columbia Association. Meantime, the Constitution for the proposed Provincial Association has been drawn up and a proposed Bill drafted, and all three Associations are busy raising funds, to meet the expense of bringing the Registration Bill before the Legislature.

Anyone who has met and conferred with the nurses in the various Provinces, as your Convener has, cannot fail to realize that the best nurses in the country want registration, and that they want, and mean to carry through, a really effective educational measure.

We trust to hear further from all the Provinces, as special notices were sent out to the representatives, requesting that they be present, if at all possible, at this meeting, and if not, that they send in up-to-date information as to what has been done in their respective Provinces.

In Ontario, as the nurses are working diligently on the Bill, behold Clause 18 is inserted in the Hospital Bill at its third reading, the Bill passes and before we know this is law, April Fool's Day, 1912.

The clause reads:—

"Training Schools for Nurses may be conducted at hospitals receiving aid under this Act, and, when such regulations in relation thereto as may be prescribed by the Lieutenant-Governor in Council have been observed, graduate nurses of such Training Schools may be entitled to registration in a register kept for that purpose under the direction of the Provincial Secretary, and a person so registered may be designated a registered nurse."

That clause was inserted, no member of the profession having been consulted, and it remains to be seen, ladies, whether or not we want it. If you decide to take it and do the best you can with it, everything will depend, of course, on what is put into these "Regulations in Council."

A short time after the passing of the Bill, a deputation of nurses from the Superintendents' Society waited upon the Provincial Secretary, and was referred by him to the Inspector of Ontario Hospitals and Charities, and the Superintendents' Society was invited to send in recommendations to the Provincial Secretary, as to standards, examinations, etc. Following that, the Convener sent out circulars to sixty-five Training Schools in Ontario, asking that they consider this question most seriously, and come to this meeting prepared with suggestions.

Most earnestly I ask you all to give this matter your attention, to lay aside any little personal grievances you may have, and let us all stand shoulder to shoulder, for only so shall we obtain what we should have. Your profession is there, be loyal to it as well as to the sick, who are looking to you for help, for this is no little selfish thing we are putting through, but a thing which means much now and on into the future, to the sick and the suffering. Let us have a good, dignified Bill, or wait until we can secure such a one.

All of the other Provinces will, I am sure, watch with much interest to see what is done with Clause 18, and if it be accepted tentatively, to see what is put into these Regulations in Council. And let us hope that they will contain all that goes to make a really Model Bill!

All of which is respectfully submitted,

May 23rd, 1912.

MARY ARD. MACKENZIE, R.N.

CORRESPONDENCE.

DEAR EDITOR:—

The officers and members of the International Council of Nurses send cordial thanks to the Canadian National Association of Trained Nurses, for their share contributed toward the great success of the Cologne Congress. The response of Jeanne Mance to the invitation sent her to take part in the Pageant and her charming personality were especially gratifying to all those here present and awoke great enthusiasm.

Our members abroad were all rejoiced to meet again our councillor and foundation member from Canada, Miss Snively, who is much beloved in international work, and to make the acquaintance of the other Canadians. We all join in reminding you that San Francisco is not far away from Canada, and in hoping that you will send a large delegation there.

With greetings from Sister Agnes Karll, Mrs. Fenwick, and Miss Breay,

I am, very sincerely,

Secretary International Council of Nurses.

L. L. DOCK,

THE INTERNATIONAL COUNCIL OF NURSES.

The historic Hall of the Gurzenich, in Cologne, was crowded to the walls on Monday, August 5th, with an audience composed of delegates and representative nurses from 23 countries, and the atmosphere was electric with enthusiasm when Sister Agnes Karll, the President of the International Council of Nurses, rose, amidst a tremendous ovation, to deliver her Address of Welcome. The President was supported on the platform by the Hon. President, Mrs. Bedford Fenwick, the Hon. Officers, Miss Dock and Miss Breay, several Councillors, and official delegates from Germany, Great Britain and Ireland, the United States of America, Canada, Denmark, Holland, India, and New Zealand.

Fraternal delegates were also present from South Africa, Australia, France, Austria Hungary, Norway, Sweden, Belgium, Italy, Switzerland, Japan, and other countries.

THE ADDRESS OF WELCOME.

The President on rising to open the meeting was greeted with prolonged acclamation, and bowed her acknowledgement with evident feeling. Speaking first in German and then in English, she said: "I open from the chair the general meeting of the International Council of Nurses, and I thank you all—Germans and foreigners—that you have assembled here to unite with us in our deliberations, and I welcome you heartily in the name of the Fatherland and of the International Council of Nurses. It is a great joy to me that so many of you have come from so far, and I hope all our foreign guests will have a happy time in our wonderful city of Cologne on the Rhine, and that our German sisters will enjoy the week also. We shall welcome to-day into international membership the National Councils of India and New Zealand—a most happy enlargement of our circle."

GREETINGS.

Professor Dr. Franke then conveyed to the meeting the greetings of the Association of Teachers of Midwives, congratulating the Congress that it had chosen the ancient city of Cologne as its place of meeting. Cologne knew how to keep the freshness of youth. Last evening, he said, the Congress had been welcomed by the heads of the Government, and of the town, to the strains of music and a choir of lovely voices. Now it was the part of the medical profession to welcome it, and some of its senior members were there to greet the members of the Congress and assure them that they had the best wishes of the medical profession in the city. Midwifery was one of the most important departments associated with nursing, in which the smallest mistake might have the most serious result, causing the death of both mother and child. He expressed his pleasure that the best educated women were taking up nursing and midwifery, and that they had a good professional position, and had also attained a better position in society. The members of the medical profession knew that the best prescription was useless if trained nurses were not at the bedside to carry out their directions. The work of the trained nurse was animated by a spirit of love to her neighbor, and in this way she assisted the civi-

lization of the nation and gained ideal victories for the Fatherland. In this way also she formed a support for the Government which did not fail in the day of emergency.

Dr. Franke concluded his address by saying: "You have come together for serious work, and we appreciate what you are doing for your profession, because we understand your aspirations and expect the best from you. We hope, therefore, for a blessing on this Congress in Cologne, so that in the power and success of its resolutions it may not be behind those that have preceded it, and we German doctors hope that where the nurses are not yet organized they may be strengthened and supported, and in this hope I welcome you."

Sister Karll, who thanked Dr. Franke for his kind words, said it was a real honor that he should speak in the name of the teachers of nurses and midwives.

Frau Bode-Engelhard then greeted the Council in the name of the Westphalian Women's Association, saying that it would follow with its best wishes the proceedings of the nurses who were gathered together from all lands to talk over professional matters.

Fraulein Busch, of Hanover, brought the best wishes of the Evangelical Association of German Women, and spoke of the sympathy which binds all women workers together. Her Association fully sympathized with the desire of the nurses that they should be well equipped for their work, and would always follow that work with interest.

Sister Agnes Karll, in her reply, said that the speaker knew the difficulties of nurses because she was a nurse herself.

Fraulein Rosa Kahnt, who spoke in the name of the German Association for Women's Rights, said that its President, Frau Marie Stritt, very much regretted not being able to be present, and said that nurses were doing pioneer work for women's suffrage in obtaining equal rights for men and women, and reminded the audience that if they had equal rights they must realize their responsibility in assisting in the advance of civilization.

Frau Dr. Block spoke in the name of the Prussian Association for Women's Rights, and brought greetings from Frau Minna Cauer, saying that the success of the Congress was specially on her heart. She also expressed the sympathy of the Association for Promoting the Welfare of Mothers and Children.

Herr Georg Streiter, Superintendent of an Association of Male Nurses in Berlin, and speaking in their name, conveyed their greetings, and said that they hoped they might have the ability to use the lessons which they intended to gather from the Congress.

THE WATCHWORD.

The President then invited Mrs. Bedford Fenwick, the Founder of the International Council, to give the Watchword for the next triennial period. Mrs. Fenwick, who was accorded an enthusiastic reception, spoke on Aspiration. Upon leaving the rostrum, the President presented Mrs. Fenwick with a beautiful bouquet of roses.

ASPIRATION.

Madam President, Members of the International Council of Nurses, and Fraternal Delegates,—It is our custom when in Grand Council assembled to

select a Watchword which shall serve as a common bond of union till we meet again. Work—Courage—Life—all these have sounded the note of our endeavors for a period of years, and the word I propose we shall take as our motto for the next triennial term is Aspiration.

This word expresses a desire to seek eagerly after that which is above us. That was the inspiration of the Council Idea, and that is its goal. The essential essence of Nursing is not merely to afford skilled help to suffering and diseased humanity—it is something far higher than that. It is the endeavor to appropriate the spiritual force which is the common heritage of our profession, bequeathed to it by many noble men and women, our predecessors, who have served the sick of all ages in every land; a reserve force upon which, as long as we walk worthily, we may freely draw, a force potent with grace, so that in helping to heal the body, those to whom we minister may discern the fineness of motive which inspires our vocation, and the uplifting spiritual zeal which inspires our service, and may be sustained and comforted thereby.

From its inception our Council has inspired far beyond what was considered practicable.

To infuse with a sense of professional solidarity the nurses of all nations, so that as a community they should zealously conserve the health and happiness of the people—the essential right of Life—that with sound knowledge and skill they should serve and restore to health the sick in mind and body—and in so doing maintain the honor of their profession—are lofty aims. Believing, as we do, that these high aims can be advanced by greater unity of thought, sympathy and purpose, we have banded ourselves together in this International Council to further them, and we come together from all parts of the world to confer on questions not merely of imperial, but of human weight and consequence. Our highest aspiration is—to keep pure and sacred the physical fount of Life, and thus give liberty and solace to the Soul.

High aspirations indeed, but not beyond attainment, and high aspirations are the best incentive to high endeavors.

It is not enough, however, that we attend these great gatherings and enjoy communion. It should be the aspiration of each one of us to help to build up by personal service our National Organizations, from which internationalism derives its vitality and strength. That is one aspiration which I invite you to translate into accomplishment during the next triennial period. Do not let us allow the inspiration of our conference to evaporate in sentiment. We need to capture, concentrate, and utilize it as a compelling force in the upraising and resultant happiness of all things sentient.

Then to aspire to have all things in common—especially to be generous in sharing knowledge. That which one has acquired—after stress and toil—let her hasten to pass on, so that the more may benefit from the result of her labor, and we could have no more effective medium through which to teach than this world-wide confederation of nurses.

Also, whilst cherishing the entrancing vision of the ideal, a vision which guards monotony of work from becoming monotony of life, we should aspire to be eminently practical. Thus let us take counsel together of practical ways

(Continued on page 570)

Editorial

OUR CORRESPONDENTS.

The vacation days are past. The work of the year lies before us. Let us see to it that that work is better done than ever before. "The Canadian Nurse" expects your help and support, and will surely not be disappointed.

If each correspondent will send her contribution regularly, the work will be simplified. One sends hers regularly each week. Why not be systematic in this as well as in other things?

Our aim is to have a journal that is worth while. Let us get nearer that aim this year than we have yet been able to do. Every nurse in Canada must do her part. Yes, you have a part. If you fail, the whole will lack completeness. But you will not; you will do your part. Think of what Virgil said: "They can, because they believe they can."

THE COLOGNE CONGRESS.

This great international meeting, at which twenty-three countries were represented, has passed into history. Who can estimate the privileges of the delegates and visitors to this great world gathering! The inspiration gained, the enthusiasm communicated, the strong impetus given to work as never before for the realization of professional ideals, must make us stronger, better members of our noble profession.

Much encouragement has been given and received, and every organization of nurses in the world should be strengthened as a result.

The British Journal of Nursing is the official organ of the International Council of Nurses and we therefore give our readers the report of the Congress direct from it. Many important subjects were discussed, as: Preliminary Education, State Registration, The Overstrain of Nurses, The Duties of the Matron in the Training and Education of Nurses, The Position of the Matron; so the report will be read with interest.

SAN FRANCISCO, 1915.

Nurses in Canada, too, will be glad to note that the next meeting of the International Council of Nurses is to be held in San Francisco, Cal., in 1915.

And Miss Annie W. Goodrich, R.N., Inspector of Nurse Training Schools of New York State, is the new President. We offer our congratulations to Miss Goodrich on this honor. The International Council of Nurses is indeed fortunate to have secured for President this splendid and capable woman. Her charming personality, high ideals, clear insight, and indefatigable energy, as well as her wonderful executive ability and love of justice, have given her an enviable position in the nursing world.

Yes, we must all go to the next International Congress. Plan carefully, then, for 1915.

AT COLOGNE.

The International Congress of Nurses held in Cologne, from August 4th to 7th, was a brilliant success, both from an educational standpoint and socially.

The meetings were held in the Gurzenich, a hall built for great meetings of all kinds. The architecture of the interior is beautiful, and the walls are covered with masterpieces of painting, which represent the growth of civilization in Germany.

The Congress was opened on Sunday evening, a German custom, and speeches of welcome were made by prominent citizens. Songs and choruses were rendered by one of the most famous choirs in Europe. The pageant of nurses was an indescribable treat. A statue of Hygiea was placed in the centre of a large stage, and nurses dressed in the uniform of their day, started on a pilgrimage from the bottom of the steps, picking up a bunch of red roses on the way, which they dropped at the feet of Hygiea, while making a reverent courtesy, then passed on up to the background, forming a beautiful tableau. The artistic portrayal of the beautiful legend of the Triumphs of Hygiea was one that made a lasting impression on the minds of those who were privileged to see it.

After our mental restoration to mundane thoughts, most delicious refreshments were served.

The meetings began on Monday morning, and were held twice daily until the close, on Wednesday, after which a most sumptuous banquet was held in the Hotel Disch. The remainder of the week was given over to excursions to various places of interest up and down the Rhine.

The representation from Canada was very creditable. Among them were: Miss Helen A. Des Brisay, Montreal; Miss Georgina Colley, Montreal; Miss Lina L. Rogers, R.N., Toronto; delegates. Miss Mabel Hersey, Superintendent Nurses, R. V. H., Montreal; Miss Nellie Goodhue, Miss Mabel Clint, Miss Colley, Miss Harriett Evans, Miss Mooney, Miss A. S. Mooney, Miss Olive Ross, Miss Stewart, Miss Florence Thompson, Montreal; Mrs. W. McAvity, St. John, and Miss S. M. Thomas. Miss Snively, who has been abroad for some time, attended the convention and made an interesting report of Canada and its progress in nursing.

L. L. R.

The attention of all nurses is drawn to the fact that, at the annual convention of the National Council of Women, held in London in June, a Standing Committee of Nursing was established. Miss Stanley, Victoria Hospital, London, Ont., is the convener, and it is most earnestly desired that items of interest in the nursing world be sent in to Miss Stanley. The nurses are to speak through this committee, and it is they only who can make this a Standing Committee that is "worth while."

Politeness, like the lever Archimedes longed for, can move the world.—*L. Barry.*

When death, the great reconciler, has come, it is never our tenderness we repent of, but our severity.—*George Eliot.*

My Scallop Shell of Quiet

A PETITION.

Author of Life, and Architect of the Universe,
We commend ourselves into Thy keeping.
Grant to us a better understanding.
Help us to be noble men and women.
Open our eyes.
Give us a clearer view.
May we observe Thy presence in everything.
Enlarge our vision, widen our horizon.
Let us dwell on thoughts that lift and and live.
Open our ears to the music.
Interpret the voices, penetrate the mystery for us.
Give us decision.
May we understand the majesty of man.
May we grow and rise daily to higher things.
Give us the faculty for enjoying lawful pleasure.
May we discover our mission.
Then grant us strength to carry it out.
Make us considerate men and women.
May we honor those who are doing their best.
Give us the thankful spirit.
We sleep in peace. War does not slay us. We have no plague upon us.
We fear that sometimes we forget.
Help us to remember.
May we remember the end and keep it well in view.
May we not be envious, since there is no need of envy.
Fill our hearts rather with a noble discontent, the discontent that will
cause us to move to better things.
May we hold every day sacred.
May we hold our friendships sacred.
May we hold our honor sacred.
And should we become careless, just remind us.
Should we forget our high destiny and become wrapped up in our play-
things, then gently take them away.

CHARLES F. RAYMOND.

The
Guild of



Saint
Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.

District Superior—Miss Stikeman, 216 Drummond Street.

District Secretary—Miss M. Young, 36 Sherbrooke Street.

District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

THE CRY OF THE CHILDREN.

(Continued from September)

Again (b), the Children's Ward is a Commentary on the mystery of Heredity. The same question and the same answer (which is but half an answer) meet us as before. (As yet we cannot fully explain the justness of it.) "Thou shalt know hereafter." If we had no other evidence for a "hereafter," the mystery of Heredity would almost suffice. Heredity would seem to make a just God and a future state necessities. Thus the mystery already becomes a revelation, and "the things which are," reveal "the things which shall be hereafter."

(2) Nurses are object-lessons to children—and chiefly through giving impressions. (a) By their faces. Perhaps a child sees our faces more as God sees them than anyone else does. Expressions convey impressions. A face bright with looking unto Jesus must carry its impressions to those who look upon it. God works through features, and sometimes we are responsible for the impressions conveyed through our faces. "Forbid them not" includes the forbidding face. May our faces give the children "a sight o' virtue"!

(b) By their words. We cannot date the age at which children begin to understand. The "discreet answer," even to a little child, is one test of nearness to the Kingdom of Heaven.

(c) By their uniform. Clothes convey impressions. The dress we wear, the colors which attract, the medal which the little hand clutches at, all play their part in the formation of character in child-life due to impressions.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Mrs. Tilley, 82 Roxborough Street W., Toronto; Second Vice-President, Miss G. A. Read, 772 Hellmuth Avenue, London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss L. L. Rogers, R.N., 908 Bathurst Street, Toronto. Directors:—Miss K. Mathieson, Riverdale Hospital, Toronto; Miss Eastwood, 206 Spadina Avenue, Toronto; Mrs. Paffard, c-r 36 Yonge Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 113 Delaware Avenue, Toronto; Miss Julia Stewart, 12 Selby Street, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Mrs. Yorke, 400 Manning Avenue, Toronto; Miss Eunice H. Dyke, R.N., 74 Homewood Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Janet Neilson, 295 Carlton Street, Toronto; Miss A. I. Robinson, 295 Sherbourne Street, Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Miss Janet G. McNeill, 505 Sherbourne Street, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss A. Carnochan, 566 Sherbourne Street, Toronto.

Conveners of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-laws, Miss Dyke; Press and Publication, Miss Rowan. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

The objects of this Association are:—(1) The advancement of the educational standard of nursing; (2) the maintenance of the honor and standing of the profession; (3) the furtherance of necessary legislation in the interests of the public, the physician and the nurse.

These are worthy objects surely. Then let every nurse in the Province do her part in furthering these objects.

The President and Executive Committee are anxious that 1912-13 shall see the Association stronger, more united, better in every way. Will you do your part? The Association needs you, and you need the Association.

Many members have been added but all the nurses in the Province are not yet members.

The Secretary wants suggestions for our next annual meeting. Is there any subject you want discussed? Write her about it.

The Treasurer's address is 10 Geoffrey Street, and she will be glad to receive your fee for the year ending May 24th, 1913.

Don't forget the suggestions for the next annual meeting.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL

President, Miss B. M. Simpson, Assistant Superintendent, Hamilton City Hospital; Vice-President, Mrs. Newson, 87 Pearl Street North; Recording Secretary, Miss M. E. Dunlop, 175 Charlton Ave. East; Corresponding Secretary, Miss E. F. Bell, Night Supervisor, Hamilton City Hospital; Treasurer, Miss A. Carscallen, 64 Emerald St. South.

Executive Committee—Miss L. O. Watson, 423 Main St. East; Miss C. E. Flock, 238 Robert St.; Miss A. E. McDermott, 10 Stinson St.; Miss M. McEachern, 143 James St. South; Miss M. L. Hannah, Mountain Sanatorium.

Regular meeting first Tuesday, 8 p.m.

Misses Elliott, Millar, Hipwell, Carscallen, Kennedy and Ross, of the Nurses' Club, have returned from a pleasant holiday at Atlantic City.

Miss Deyman has returned from a two months visit to the coast. Miss Watson, London, Ont., accompanied her.

Miss E. F. Bell has resigned her position as night supervisor of Hamilton City Hospital. Miss Florence Torrey has accepted the position, her duties to commence September 12th, 1912.

Misses Lanaway and Murphy have gone to Dr. Bull's Sanatorium, New York, to do institutional work.

Mrs. Reynolds and Miss Flock have returned from Muskoka, having spent a very pleasant holiday.

Miss Ida M. Carr has accepted the position of Matron of Ridley College, St. Catharines, and Miss Lillian Tobias is nurse-in-charge.

Miss Olive Holliday left on September 9th to take a course in Whithy Ladies' College.

Miss Belle McGregor has resigned as Night Supervisor of Harbour View Sanatorium, North Vancouver, and returned to her home.

Miss Hindley has gone to Scott, Sask., to take a position as Assistant Superintendent of the Municipal Hospital.

Miss Irene Elliott has successfully passed the State examination of New York and received her "R. N."

Miss Susan Campbell has returned from Muskoka to do private nursing in the city.

Miss Minnie Stuart is convalescing at Burlington Beach, after her recent operation.



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

Established 1895.

Incorporated 1901.

President—Miss Phillips.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison Street.

Registrar—Mrs. Bureh, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 112 Mansfield Street, first Tuesday, 8 p.m.

The annual meeting of the Canadian Nurses' Association will be held on Tuesday afternoon, October 1st, in the Medico-Chirurgical Rooms, 112 Mansfield Street. It is hoped there will be a large attendance.

The usual course of lectures are being arranged for and will be given during the winter.

Most of the nurses who have been on their well earned holidays have returned to town, and are ready for the winter's work.

Miss Falkoner, Graduate M. G. H., who was recently married, is living at Ste. Agathe, Que.

Miss York, Graduate of Jeffrey Hale Hospital, Quebec, has gone to Pembroke, Ontario, to take charge of the new Cottage Hospital. Miss Hudson is assisting her.

Miss Lucy White has gone to Plattsburg to take charge of the Physician's Hospital during the absence of the Superintendent, who has gone on a two months' vacation.

Miss Des Brisay has returned from abroad, where she was a delegate to Cologne. We are all looking forward to hearing at an early date some of the interesting things she heard and saw while there.

The Child's Welfare Exhibition to be held in Montreal in October, gives promise of being a great success, judging by the interest displayed by everyone.

Miss Vivian Petrie has returned to town, having been in the country for the past two months.



A most interesting "Child Welfare Exhibit" is to be held in Montreal, October 8th-22nd. The Montreal branch of the Victorian Order of Nurses is in charge of part of that exhibit, and no pains are being spared to make it a great success. We feel that the Order can speak with authority on "Child Welfare" in all its phases, for they have always stood for the highest standards in the care of the child. The Montreal statistics show that among the 20,000 maternity cases attended by the Victorian Order nurses in five years, not one death occurred. We cannot make the plea too earnestly that our nurses may continue to be "missionaries of good obstetrics."

And, in the Clean Milk Campaign, the V. O. N. are taking a foremost place. It was the Victorian Order in Hamilton that set the ball a'rolling for clean milk work in that city some years ago, and demonstrated to the people the value of such work, by reducing the infant mortality over thirty per cent. In Montreal, much good is being done through the various milk stations there. In Ottawa, one of the milk stations, started by the city, is in charge of the Victorian Order, and is to be kept open the year round. Little Ste. Anne de Bellevue has its station, started by the nurse in charge of the district, and much good has resulted therefrom. Halifax is to start in with the work next year.

Every nurse who can possibly manage it should attend the "Exhibit" and should also attend some of the sessions of the Canadian Conference of Charities and Correction, which is to be held in Montreal October 9th-12th.

A post-graduate course in district nursing—four months is given at one of the training centres of the Order—Ottawa, Montreal, Toronto, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa or to one of the District Superintendents at 478 Albert Street, Ottawa; 29 Bishop Street, Montreal; 206 Spadina Avenue, Toronto, or 1300 Venables Street, Vancouver, B. C.

HOSPITALS AND NURSES.

Superintendent and Graduating Class, 1912, General Hospital, Brandon, Man. This line should have appeared under the cut in the September number, but owing to some mistake in mail delivery it failed to appear.

Miss Martignoni, late Superintendent of the Orthopedic Hospital, Toronto, has been appointed Superintendent of the Alexandra Hospital, Rosthern, Saskatchewan.

Miss Cotter, Winnipeg, paid a short visit to Miss Rogers, Superintendent of School Nurses, in September. We were delighted to meet our correspondent from "The Gateway of the West."

Miss Grace Smith, Victoria, B.C., has returned after a very enjoyable trip east.

The regular monthly meeting of the Victoria Nurses' Club was held on Monday, August 5th, in the Graduate Nurses' Room at the Alexandra Club. Miss Jones, President, was in the chair. The meeting was rather informal, being mid-summer and so few nurses in town. We had a most delightful account from our delegate, Miss Grace Smith, of the meeting in Hamilton. Next month we hope to meet the Vancouver nurses re Registration in British Columbia.

Miss Margaret Kerr has returned to her post in the Eye Department of the Toronto General Hospital after a delightful four months in England and Ireland.

We much regret to learn that Miss Jean Leishman has, on account of ill health, resigned her position as head nurse of the Operating Theatre in the Toronto General Hospital. Miss Leishman has been succeeded in her position by Miss Maude Wilkins, who was this year the popular winner of the scholarship for Operating Technique.

Miss Stewart recently gave a delightful tea in honor of Miss Beatrice Ellis, who has lately severed her connection with the Toronto General Hospital, in which institution she has been Assistant Superintendent of Nurses for four years. Tea was served from a flower-decked table placed under one of the large oak trees in the beautiful grounds. A score or more of the graduates, who are numbered among Miss Ellis' closest friends, with the members of next year's graduating class, spent a pleasant hour, before wishing Miss Ellis au revoir and the best of good wishes in her new work. Earlier in the day Miss Ellis was made the recipient of a beautiful club bag, by the Senior Class.

Vancouver is heartily supporting the Duchess of Connaught in her desire to establish Victorian Order Nurses in every village and town in Canada. A large sum has already been raised and the good work still goes on.

The West Coast General Hospital, which is to be established at Alberni, B.C., is to be a much larger building than was at first suggested, and the Provincial Government has increased the grant made to the Hospital to \$10,000. The estimated cost of the proposed hospital is \$17,000, seven thousand of which will be subscribed by the residents of the district.

Miss E. Eisle and Miss P. Talbot, Graduates of Guelph General Hospital, are home on vacation from Miss Alston's Private Hospital, New York.

New Westminster, B.C., is building a new hospital, to cost \$135,000.

The City Council of North Vancouver has been asked to grant \$40.00 a month towards establishing a Victorian Order Nurse in the city.

St. Joseph's Hospital, Chatham, Ont., is to have a new wing, to cost \$25,000.

A new hospital at Moose Jaw, Sask., is in course of erection, cost to be \$50,000.

The Graduation Exercises of the Training School for Nurses in connection with the Berlin-Waterloo Hospital, Berlin, Ont., which were held on the beautiful lawn of the institution on July 19th, were most interesting and the event proved to be one of the most successful and enjoyable ever held in connection with the Hospital and its excellent Training School.

There was a large and representative attendance of friends of the Graduating Class and of the institution, including the medical practitioners, members of Parliament and the various municipal councils, clergy and supporters of the Hospital.

The lawn was decorated with Chinese lanterns, covering the incandescent lights, which made a very attractive scene. Music was provided by Zoellner's Orchestra, which was greatly enjoyed, and after the ceremonies were concluded light refreshments were served by the Ladies' Auxiliary.

The four graduates who were honored were, Misses Sarah C. and Margaret E. Elliott, Milton, Helen Potter, Berlin, and Helena L. Read, of Stratford.

Shortly before eight o'clock President J. B. Hughes, of the Hospital Board, accompanied by the Lady Superintendent, Mrs. H. M. F. Bowman, and Dr. Bruce-Smith, followed by the graduating class and the nurses-in-training, marched from the Hospital to where the exercises were about to be held, and as they took their allotted places they were received with hearty applause. Among those who occupied seats on either side of the Chairman were: Mayor Schmalz, Berlin; Mayor Fischer, Waterloo; W. G. Weichel, M.P.; Dr. H. G. Lackner, M.P.P.; Drs. D. J. Minchin, G. H. Bowlby, J. F. Honsberger, Messrs. Geo. Diebel and Robt. Smyth.

Dr. R. W. Bruce-Smith, the Provincial Inspector of Hospitals and Public Charities, delivered an excellent address, in which he made special reference to the progress and success of the Hospital and its high standing among the institutions of this Province. He offered his congratulations to the Board and the Lady Superintendent upon the success of the exercises and commended the interest that was manifested in the work of the Hospital as indicated by the large attendance of citizens. He referred to the growth of the Hospital movement in Ontario. Fifty years ago there were only fifteen hospitals in the Province, while at present there were eighty, and last year over 58,000 patients were treated in the various institutions. The speaker stated that he had been recently waited upon by two prominent Japanese visitors who had been travelling the country gathering information regarding hospitals and who were carry-

ing away with them a high opinion of the Canadian people on account of the interest they are taking in the unfortunates of the country.

The progress of the Berlin-Waterloo Hospital, he said, had been particularly marked during the term of Mrs. Bowman as Lady Superintendent, who was recognized as one of the most efficient and successful in the Province.

The address to the Graduates was delivered by Dr. D. J. Minchin, who reviewed the growth of the nursing profession and spoke of its importance in the world to-day.

The presentation of the diplomas was made by Dr. H. G. Bowlby.

After the beautiful and impressive Florence Nightingale pledge had been administered by Mrs. Bowman, the Lady Superintendent, the presentation of pins and prizes was proceeded with.

The honor of presenting the Class pins fell upon Mr. W. G. Weichel, M.P., who delivered a neat address and heartily congratulated the young ladies upon their success.

Mrs. Geo. Wegenast, of the Ladies' Auxiliary, made the presentation of the gold medal for general proficiency to Miss Sarah Elliott, and the silver medal, donated by Mr. Robt. Smyth, was presented to Miss Helen Potter, by the donor, in a most pleasing manner.

Misses Read and M. E. Elliott were also recipients of prizes, which were presented by Miss Shuh, of the Young Women's Auxiliary, of Waterloo.

The programme concluded with brief and happy congratulatory addresses delivered by Mayor Schmalz, Mayor Fiseher, Dr. H. G. Lackner, Dr. J. E. Hett, Dr. J. F. Honsberger, and Mr. Geo. Diebel.

The Graduates were the recipients of many flowers from their numerous friends, together with the congratulations and good wishes of those present.

Miss Lumsden, Superintendent of the General Hospital, Nelson, B.C., and Miss Baxter, her assistant, have resigned.

The Annex, in course of construction, of St. Mary's Hospital, New Westminster, B.C., will contain an up-to-date operating suite, an electric elevator, and other modern equipments.

Miss Edna Standish, of the Vancouver General Hospital staff, has returned from Lacombe, Alta., after spending her holidays at her home there. Before returning to the city she also made a visit to her sister, Miss Olla Standish, Matron of the Nicola Valley General Hospital at Merritt.

Miss Maekenzie, Chief Superintendent of the Victorian Order of Nurses, expects to visit Fort William and Port Arthur early in September, and will address the Graduate Nurses' Association.

Miss Regan, Superintendent of St. Joseph's Hospital, Port Arthur, has gone camping.

Miss Patterson, late of the McKellar Hospital staff, is now installed as Lady Superintendent of the R., M. and G. Hospital, Port Arthur. Miss Blackmore is in charge of the operating room.

Miss Blackmore has just returned from a trip to Cleveland, Buffalo, and other American cities, feeling much refreshed.

Miss Eva Bradley, Graduate of the Royal Victoria Hospital, Montreal, is enjoying a visit in the Twin Cities.

Miss Carrie Harvie, of Peterboro, Ont., Graduate of the McKellar Hospital, has gone to Moose Jaw, Sask., to practice.

The charity kermess, given under the auspices of the Woman's Canadian Club of Victoria, on Wednesday, was a great success. It was given at "Mount Joy," the beautiful residence of Mrs. Fred Pemberton, and was in aid of a cot in the new Jubilee Hospital.

The opening of the new home of the South Vancouver Branch of the Royal Victoria Order of Nurses took place August 9th. The new home is a six-roomed house, situated on Chester Street, near Forty-Seventh Avenue, and has been furnished throughout mostly by the donations of generous citizens.

The South Vancouver Municipal Council gave a small grant toward the home, and have promised to help in the future. They have further expressed themselves as being entirely in sympathy with the work, which is very necessary in the municipality. The Order also hopes soon to have a home in Burnaby, which will accommodate the Cedar Cottage District. A citizen of Burnaby has offered them a lot if they will start a home there. The officers of the new branch in South Vancouver are: President, Mrs. T. Dickie; First Vice-President, Mrs. Holder; Second Vice-President, Mrs. Mullett; Third Vice-President, Mrs. Jarrett; Secretary, Mrs. Mowat; Treasurer, Mrs. Prowse; House Committee, Mrs. Street, Mrs. Sharphan, Mrs. Hunter and Mrs. McDowell. Two nurses, Miss Pay and Miss Towers, are in charge of the work in that municipality. The visitors were allowed to inspect the home, and after all had availed themselves of the opportunity tea was served. The rooms were very prettily decorated with sweet peas and ferns.

In honor of the approaching marriage of Miss Alice Franklin, former Superintendent of the work of the Royal Victorian Order of District Nurses in Vancouver, the members of the committee met at the home on Sunday, and after the greetings, Mrs. R. H. Alexander, Honorary President, on behalf of the committee, presented to Miss Franklin a silver mesh bag, in which was hidden \$75 in Canadian gold pieces. Beneath her name and the date of her forthcoming marriage, was engraved, "In grateful appreciation of her work by the members of the Royal Victorian Order of Nurses, Vancouver Branch." In making the presentation, Mrs. Alexander expressed the regret of the committee at Miss Franklin's departure, but expressed their sincere wishes for the happiness which she has so justly earned in caring for Vancouver's sick poor. In addition to this presentation, Miss Franklin received a silver box, containing \$65, from her associates in the profession, and also several grateful remembrances from the sick to whom she has ministered. Among those present were Mrs. R. H. Alexander, Honorary President; Mrs. James Macaulay, President; Mrs. W. M. Rose, First Vice-President; Mrs. W. B. Burnett, Secretary; Mrs. George Little, Treasurer; Mrs. Buchan, Mrs. Dewar, and Dr. and Mrs. Brydone-Jack. Miss Franklin's marriage to Mr. A. L. Henry will take place at Golden on August 17th. They will reside at Field.

As the Victorian Order of Nurses have been elected to conduct a hospital

each year at the exhibition in Vancouver, they have a small hospital arranged in one of the buildings, in charge of Miss Hall, Matron of the main branch, and one of the committee. The room is equipped with every facility for handling emergency cases. In addition to this, Miss Hall is giving a lecture every afternoon on the care of children in sickness and health.

The Woman's Auxiliary of Vancouver General Hospital are considering the question of providing linen for the new wing. The estimated cost is \$1,000. An interesting report of the social service department, which is under the supervision of Miss McLeod, was read by Mrs. Smith, and showed this department to be expanding its field of operation, and to be doing an immense amount of good.

Miss Annie McConnell, Graduate of the Vancouver General Hospital, has returned to her home in Edmonton.

Miss Chapman, Graduate of Vancouver General Hospital, Assistant Superintendent of Nanaimo General Hospital, has resigned. Miss Chapman is to be married this month, and will live at White Horse.

The Vancouver Graduate Nurses' Association held their first meeting of the season at the Nurses' Club, Haro Street, on Wednesday, September 4th, when final arrangements were made for the mass meeting of graduate nurses to be held in Christ Church schoolroom on Tuesday afternoon, September 10th, at 3 o'clock. The Association asks all members or non-members to do their utmost to be present at this meeting in the interest of the proposed British Columbia Nurses' Association. The social committee will serve afternoon tea and all nurses attending the meeting are invited to dinner in the evening as guests of the Graduate Nurses' Association and afterwards to a meeting to be held in the rooms of the Athenaeum Club.

The Alumnae Association of Toronto General Hospital has had prepared a number of photographs of the old General Hospital on Post Cards as souvenirs. The Association felt that such souvenirs would be appreciated by all who had been in any way connected with the old General. The complete series comprises two sets of twelve cards each—one set of interior views, the other, exterior. The views are sold for 50c. a set of 12 cards. Orders may be sent to Mrs. N. H. Aubin, 78 Queen's Park, Toronto, Corresponding Secretary of the Association.

We much regret that, owing to the illness of her sister, Miss Robinson, Superintendent of the Toronto Graduate Nurses' Club, has severed her connection with the Club. The Club is advertising for a Superintendent.

The Wellesley Hospital, Toronto, was opened on August 27th, at 11.45 a.m., by Field Marshall, His Royal Highness the Duke of Connaught, who was accompanied by Princess Patricia and suite. A large number of representative citizens gathered to witness the ceremony.

Bishop Sweeny, of Toronto, offered prayer, after which the Hon. Sir William Mulock, President of the Hospital, read an address to H.R.H. the Duke of Connaught on behalf of the Directors, in which he gave a brief description of the building and the reason for its establishment. The Hospital is to be devoted entirely to the care of paying patients, who will here enjoy "the priva-

and comforts of a home," and for whom there has not previously been sufficient accommodation. Speaking of the Hospital, Sir William said: "Most of the rooms have a southern aspect. The Hospital has a commodious roof garden and numerous large balconies, so that every patient, even though in bed, may be wheeled into the open and enjoy the benefit of sunshine and fresh air. In order to promote the quiet of the hospital, the central heating and power plant has been placed in a separate building some distance away. Every room is supplied with cold filtered distilled water, and all ice used will be manufactured on the premises from distilled water. On the top floor are two, thoroughly equipped operating rooms with necessary sterilizing rooms, etc., with pathological and clinical laboratory adjoining." In speaking of the staff, Sir William said the Board had been fortunate in securing Miss Elizabeth G. Flaws as Superintendent. There is to be no appointed Medical Staff, as the Hospital is open to all physicians and surgeons in good standing. There will be two resident House Surgeons, who will carry out the orders of the attending physicians and surgeons.

The Duke of Connaught in his reply said he thought the people very fortunate in having so fine a hospital and hoped the patients there would get the same kind and efficient care which H.R.H. the Duchess of Connaught had received in the Royal Victoria Hospital, Montreal. After some congratulatory remarks, the Duke officially declared the Hospital open.

The Royal party then made a tour of the building, evincing at every turn a most lively interest in this very modern and well equipped institution.

The other visitors, numbering about one thousand, then had an opportunity of viewing the Hospital.

The members of the Toronto Graduate Nurses' Club are arranging for a bazaar, to be held on November 20th, at the Club, 295 Sherbourne St. The members hope that all nurses, whether members or not, and the friends who so generously assisted in "The Fair of All Nations," will assist them in making this bazaar a success. Contributions of useful and fancy articles, home-made candy, jam, cake, etc., will be thankfully received and may be sent to the Club in care of the Superintendent.

AMBULANCE CORPS.

Mrs. St. Clair Stobart fully demonstrated the utility of the Women's Sick and Wounded Convoy Corps at the field day at the Hampstead Garden Suburb, near London. Not only were the members particularly alert in the pitching of a fully-equipped hospital tent, making bivouacs and supplementary ambulances, but the camp kitchen was prepared in quite a soldierly manner, and the luncheon it provided was excellent. The manoeuvres were carried out with great efficiency, especially the movement "succouring the wounded," and there is no doubt that the corps is undertaking a patriotic work that is not only ennobling but calculated to have a lasting effect for good on the character as well as physique of the members belonging to it.

(Continued from page 555.)

and means—of the happy Home life and humane Hospital life of the pupil — of a sound and thorough basis for our Educational Curriculum. Let us see that, when the worker is worthy of her hire, the hire shall be worthy of the work accomplished. Only thus can we fit ourselves for our high vocation, and make that vocation respond to the needs of the community. Let us aspire to the purest and most strenuous endeavor.

It has been written that "he is a profane person that performs holy duties lightly and superficially; all our duties ought to be warmed with zeal, winged with affection, and shot up to Heaven from the whole bent of the soul. Our whole hearts must go with them; and the strength and vigor of our spirits must diffuse themselves in every part of them. . . Truly all our sacrifices must be offered up to God with fire; and that fire which alone can sanctify them, must be darted down from Heaven; the celestial flame of zeal and love, which comes down from Heaven, and hath a natural tendency to ascend thither again, and to carry up our hearts and souls upon its wings."

Let Aspiration be our Watchword until our next meeting, assured that, if touched with the celestial flame, our hearts and souls may aspire to make altogether lovely the beneficent work to which the members of this great Federation of Nurses have the happiness to give their lives.

RECOGNITION OF THE SERVICES OF THE PRESIDENT.

Mrs. Bedford Fenwick then said that when the International Council of Nurses met in London three years ago the unanimous choice of a President fell on Sister Agnes Karll. How happy that choice had been those attending the present Congress were beginning to realize. In addition to her international work, Sister Karll had done, and was doing, a great work for German nurses, and it was largely owing to her that they had gained a measure of professional status, and English nurses, with their own strenuous fight for this object, were in deep sympathy with her aims.

Mrs. Fenwick said that one of the happiest moments in her life was when the Hon. Membership of the German Nurses' Association was conferred upon her. She had now, as President of the National Council of Nurses of Great Britain and Ireland, the pleasure to invite Sister Karll to become its first Hon. Member.

In the name of the Council, the Hon. Secretary, Miss Beatrice Cutler, asked Sister Karll to accept a bouquet of beautiful pink carnations in token of its admiration for her work.

In expressing her warm thanks for the honor conferred upon her, Sister Karll said that she believed that Internationalism would do great things for the peace of the world, and in this work nurses would share.

The whole audience then rose and remained standing while the German National Anthem resounded through the Hall.

THE AFFILIATION OF NATIONAL COUNCILS OF INDIA.

The President reported that the International Council of Nurses learnt with gratification that the National Association of Nurses of India had applied

for affiliation. This was the first application of a National Association including Oriental nurses amongst its members, and it was therefore specially welcome. She proposed from the chair that the application be accepted.

This having been unanimously agreed, Miss Annie R. Creighton, Vice-President of the National Association of Nurses of India, said:

“Madam President and Friends,—In the name of the Trained Nurses of India I thank you for the very kind way in which you have welcomed us into affiliation with the International Council of Nurses. Few, I think, have any conception of the vastness of the Empire or realize that in the State of Bengal alone the population is greater than that in the whole of the United States of America, and that in the United Provinces is greater than that of Japan.

“It was in 1905 that a few nurses met in a place in Lucknow and founded the Association of Nursing Superintendents of India, and subsequently defined a course of training for natives extending over three years. A drawback in connection with the teaching of natives is that at present there are so few text books in the vernacular. A Central Board for the examination of nurses has now been established in Bombay, and in the Punjab, the United Provinces, and in South India there is also a Board of Nursing Examiners.

“The Trained Nurses’ Association has now affiliated with the Superintendents’ Association, and any nurse, whether English or Indian, who attains to the standard which it imposes is admitted to membership.

“I thank you all for the welcome you have extended to us and am sure that we shall find a tower of strength and a treasury of wisdom with you.”

Mrs. W. H. Klosz, R.N., one of the delegates from India, read a letter from Miss C. R. Mill, Hon. Vice-President for India, describing the lines on which the organization of nurses in India had taken place, giving a brief account of the various branches of nursing work in the Empire and wishing the Congress and Exhibition every success.

The Association was then welcomed into membership to the strains of the British National Anthem, and the President presented to Miss Creighton a lovely sheaf of white lilies and introduced to the audience as the delegates present from India Miss Creighton and Mrs. Klosz.

(To be continued.)

WOMEN DOCTORS IN INDIA.

There are 150 millions of women in India, and the majority of these, by reason of their moral and religious teaching, cannot attend a hospital staffed by men. The high-caste purdah or veiled woman would rather endure real suffering and face certain death, whilst all Indian women, whatever their caste, instinctively shrink from men doctors. When one reflects upon the mass of maternity work, and the vast number of cases of women’s diseases which follow on unattended child-birth, it is not difficult to realize that the present provision of medical relief for Indian women is absolutely inadequate. There is an urgent need for a continual and large supply of medically-trained women for our Indian Empire. There is work for many thousands of women doctors in India, and there are approximately only 400 of them at the present time.

THE PATHS OF RHEUMATIC INFECTION AND THEIR PROTECTION IN CHILDREN.

Dr. J. Ross Mackenzie, of Abertillery, Mon., contributes a most interesting article on the above subject to the *British Medical Journal*. After showing that the *Micrococcus rheumaticus* can now be isolated, he says that the paths by which the specific agent finds access to the system, as well as the prevention of such invasion, still demanded attention. In regard to local invasion Dr. Mackenzie writes:—

"The most important, as well as the most frequent, path of infection is undoubtedly the throat. . . . A relationship is at once suggested by the large percentage of children suffering from rheumatic phenomena who, at the same time, present enlarged tonsils and hypertrophied tissue in the naso-pharynx."

The writer also believes that in cases when sore throat does not occur, certain mild catarrhal conditions of the mucous membrane may owe their inception to the *Micrococcus rheumaticus*, and that a general infection may take place through the impaired mucous membrane.

CONCLUSIONS.

1. The *Micrococcus rheumaticus* takes the path of least resistance.
2. This may be an unhealthy throat, absorption from which frequently gives rise to general rheumatic infection, including peritonitis and appendicitis, directly through the vascular system.
3. Or it may be localized in the bronchial tubes and give rise to pneumonia, with polyarthritis and endocarditis.
4. An unhealthy condition of the intestinal wall may excite to activity the rheumatic agent, setting up acute rheumatic phenomena with peritonitis or appendicitis as part of a general infection.
5. A mild catarrh is produced at the seat of inoculation, and one or more of three factors in each case are present and promote the inroads of the micrococcus. Either.
 - (a) The physical resistance, or
 - (b) The protective properties of the local tissue, or
 - (c) Defensive agencies of the blood, are below par.
6. The distinction between acute and sub-acute or latent rheumatism is mainly due to general infection with the actual rheumatic agent in the former and with the toxins only in the latter.—*British Journal of Nursing*.

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Representative "The Canadian Nurse"—Miss Rowan.

Regular meeting, second Tuesday, 3 p.m.

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Representatives on Central Registry Committee—Miss W. Ferguson, Miss C. A. Mitchell.

Representative "The Canadian Nurse"—Miss Lennox, 107 Bedford Rd.

Regular meeting, First Friday, 3.30 p.m.

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Representatives on Central Registry Committee—Miss Power, 9 Pembroke St.; Miss Rowan, 9 Pembroke St.

Representative "The Canadian Nurse"—Miss Dunne, 549 Markham St.

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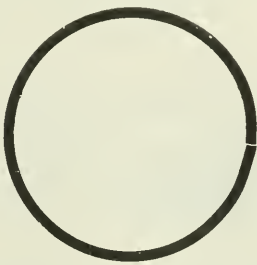
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"that the ice bag is distinctly harmful in appendicitis and should never be used," is the logical deduction of Dr. A. M. Fauntleroy, Surgeon U.S. Navy, basing his opinion upon seventy cases operated.

Like morphine, ice not only obscures the true condition, but decreases Hyperemia, Leucocytosis and encourages stasis in the part to which it is applied. What seems evident in applying ice in inflammation of the appendix must hold true in inflammatory processes where elsewhere manifested.

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Representatives on Central Registry Committee—Miss McCuaig, 7 Bernard Ave.; Miss Gray, 505 Sherbourne St.

Representative, "The Canadian Nurse"—Miss G. A. Gowans, 5 Dupont St.

Regular Meeting—Second Thursday, 3.30 p.m.

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Representatives on Central Registry Committee—Misses Pigott and Semple.

Representative "The Canadian Nurse"—Miss J. G. McNeill, 505 Sherbourne St.

Regular Meetings—First Thursday, 8 p.m.

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Representatives the Central Registry—Misses McKenzie and Pringle.

The Canadian Nurse Representative—Miss VanEvery, R.N., 116 Fermanagh Ave.

Regular meeting, first Tuesday.

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Visiting Committee—Mrs. Coady, Miss Cooney.

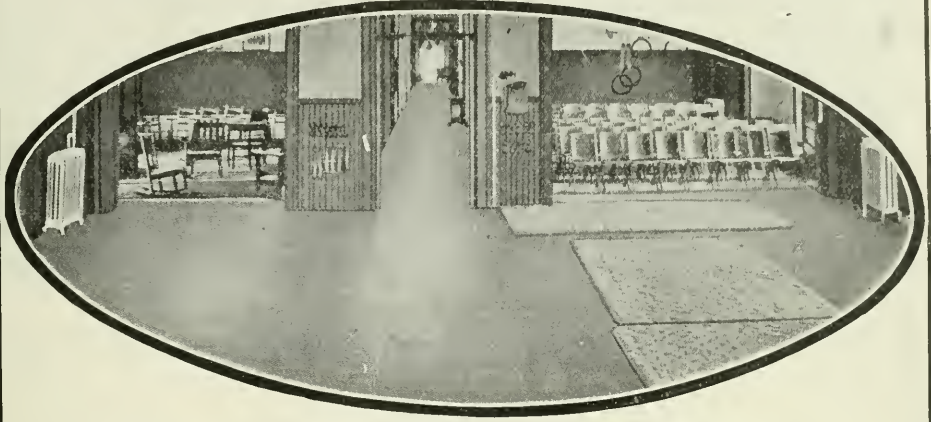
Registry Committee—Miss Anderson, Miss Baker.

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Established—1891. Registered—Victoria, 1891.

Superintendent of Hospital—Dr. G. Hasell.

Superintendent of Nurses—M. C. Macdonald.

Number of Beds—One hundred.

Graduate Nurses on Staff—Three.

Pupil Nurses—Twenty-eight.

Term of Training—Two and one-half years.

Branches of Training—Medical, Surgical, Children's Diseases.

Hospital—St. Joseph's, Victoria.

Established—1876. Registered, Victoria, 1876.

Superintendent of Hospital and Nurses—Sister Mary Bridget.

Number of Beds—Two hundred and ten.

Graduate Nurses on Staff—Nine.

Pupil Nurse—Thirty-eight.

Term of Training—Three years.

Branches of Training—Medical, Surgical, Obstetrical.

Hospital—Vancouver General, Vancouver.

Established—1902. Registered—Vancouver, 1902.

Superintendent of Hospital—Dr. W. A. Whitelaw.

Superintendent of Nurses—Helen Randall.

Number of Beds—Two hundred and seventy-five in General, sixty in Isolation.

Graduate Nurses on Staff—Nine.

Pupil Nurses—Seventy-three.

Term of Training—Three years.

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MARRIAGES.

HANCOCK-RAMSAY—On Aug. 15th, at Sault Ste. Marie, Miss Mabel Hancock to Mr. Ramsay. Miss Hancock is a graduate of the Portsmouth Hospital, England, and has been doing private nursing in Vancouver, B.C., for the last five years.

MILLER-COSLETT—On July 16th, at St. Paul's Church, Fort William, Ont., Miss Lydia Coslett, graduate of the McKellar Hospital, Fort William, to Mr. Miller.

WEEKS-WILLIAMSON—On July 23rd, in Montreal, Mrs. E. M. Williamson, City Nurse of Fort William, Ont., to Rev. J. W. Weeks. Rev. J. W. and Mrs. Weeks will be "at home" at Sydney, C.B., after September 15th.

HUTCHINSEN-JUDGE—On August 27th, at Christ Church, Vancouver, B.C., Hilda Hutchinson, of Hazelbury Bryan, England, to Spencer P. Judge, of Vancouver. Miss Hutchinson is a graduate of Guy's Hospital, London, England, and has been nursing in Vancouver for the last two years.

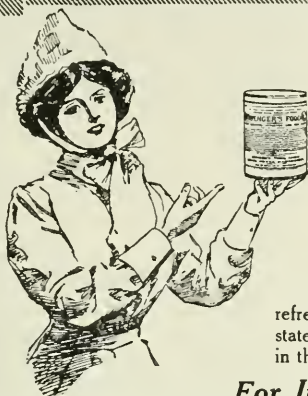
PUBLISHERS' DEPARTMENT

THE ICE BAG IN APPENDICITIS.

In a most interesting article by A. M. Fauntleroy, Surgeon of the United States Navy, Medical Record, Aug. 3, 1912, the fact is brought out that the ice bag is positively harmful in appendicitis. In 50 per cent. of the cases operated, where the ice bag was used, the condition seemed to indicate that there was a noticeable lack of effort on the part of nature to wall off, from the rest of the abdominal cavity, the appendix, which was frequently very much congested, gangrenous or perforated. He also observed that in the ice bag cases there was a surprisingly low white cell count when one took into consideration the condition found in the abdomen at the time of the operation. From 8,000 to 11,000 white cells was the rule in these ice bag cases when one would be justified in saying that the pathological condition warranted a constitutional reaction of from 20,000 to 30,000 leucocytes, or even higher.

On the other hand, in those cases in which the hot water bag or morphine had been used prior to operation (the ice bag not being used at all), the white count corresponded to what one would expect. Dr. Fauntleroy advances from his findings the logic that while the ice bag causes numbness, practically the same as in the condition of frost-bitten ear or toe, it also decreases hyperemia, leucocytosis and stasis in the part to which it is applied. That heat is the direct antithesis of cold in encouraging favorable physiological action in inflammatory processes, whether superficial or peritoneal, seems to be from his report most logically and conclusively proven.

In applying heat, whether it be for peritoneal or inflammatory conditions of a more superficial character, the most rational method is to use that which is not only sanitary, but, for the comfort of the patient, does not require frequent changes. In this respect, antiphlogistine, on account of its heat retentive



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THOROUGH COURSES IN PHYSIO-THERAPY FOR NURSES.

The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Pa., will open the fall session of its courses in Mechano-Therapy in two sections owing to the large number of applications already received. The first section opens on September 17th, and the second section of November 12th, 1912.

Every up-to-date nurse knows the increased demand for special training in these lines. If you are anxious to further your profession's and your own interests, the above-named school can offer you facilities that could not be surpassed anywhere.

As previously announced, the Institution has acquired the adjoining building and lot. Extensive building operations are now going on which, after completion, will provide larger quarters for the school and institution. The new building contains an up-to-date operating room, wards as well as private rooms for patients, laboratory, diet kitchen, etc. This still further increases the facilities for our students, the courses are broadened and the students receive the best obtainable practical and theoretical training. After completion of the new building, special courses in dietetics as well as in anaesthetics will be given to nurses. Our graduates are recognized as the best trained operators in this line of work.

If you wish further information, write for illustrated booklet and particulars to the superintendent, Max J. Walter, M.D., 1711 Green Street.

THE CANADIAN NURSE

*A MONTHLY JOURNAL FOR THE
NURSING PROFESSION IN CANADA*

Vol. VIII.

TORONTO, NOVEMBER, 1912.

No. 11

THE INTERNATIONAL COUNCIL OF NURSES—(Continued).

NEW ZEALAND.

The President said that the Trained Nurses' Association of New Zealand had applied for affiliation, and it was with much pleasure that she proposed from the chair that the application be accepted. This having been unanimously approved, Miss Jeannie M. Sutherland, one of the delegates from New Zealand, said:

"It is a great privilege and a great honor to be present at this International Congress of Nurses, and to have come such a distance to accept for my native country and for my training school what it specially deserves—affiliation with you.

"We New Zealanders are very proud of our country, and we New Zealand nurses are very proud of our profession and our training schools. Ours was the first country, I believe, to obtain legal status as a whole for its nurses. We have had State Registration for ten years now, as the Act was passed in 1901.

"We who were trained before then had been urging it for some years, feeling that it would raise the standard of our profession, be a protection to us, and would gradually eliminate all the untrained or partially trained women from the nursing ranks and also abolish the unfit and unsuitable hospitals.

"Legal status has raised the tone of our profession, and we are now on quite a different footing to what we were before the Act was passed. Individual nurses responded to a professional inspiration and gave their support to organization through State Registration, with the result that we have now a thoroughly efficient professional nursing service, such as State Registration demands.

"We have now in New Zealand four branches of the New Zealand Trained Nurses' Association, one in each centre, Auckland, Wellington, Christchurch, and Dunedin. Each has a local Council with a president and vice-president. There is also a Central Council with representatives from each branch controlling the whole of New Zealand. We held our first Interprovincial Congress at Wellington in 1909; the second Triennial Meeting will be held at Dunedin in 1912, this year. It is to be held in a different centre each time, and delegates sent from each Coun-

cil. This is bringing all the centres into line and is doing away with provincial conservatism, and will help to bring the whole profession in New Zealand into friendly union.

"There is now an established professional standard for the whole of New Zealand; before each centre was a law unto itself. We find that this friendly union has promoted mutual acquaintance and been of mutual help, and this self-government of nurses in our associations is helping to raise ever higher the standard of the nursing education, and of professional ethics, and of the public usefulness of the nurse. We hope for that full development of the human being and citizen in every nurse which shall best enable her to bring her professional knowledge and skill to the many-sided service that modern society demands of her."

Sister Karl presented Miss Sutherland with a beautiful bouquet of lilies, and introduced to the meeting the New Zealand delegates, Miss Sutherland, Miss Beswick, and Mrs. Holgate, and the New Zealand Association of Trained Nurses was welcomed into membership to the sound of the National Anthem.

HON. VICE-PRESIDENT FOR SWITZERLAND.

The President proposed that Sister Emmie Oser, of Zurich, should be appointed the Hon. Vice-President for Switzerland, and Mrs. Bedford Fenwick explained that the custom had been found advantageous to appoint a prominent member of the nursing profession in countries where the profession was not ripe for national organization, to interest the nurses in the work of the Council, in the hope of building up a national association of nurses.

Sister Emmie Oser was unanimously elected to the office of Hon. Vice-President in Switzerland, and in expressing her thanks for the honor, spoke as follows:

GREETING FROM SWITZERLAND.

In the name of the Swiss Council of Nurses, and as their delegate, I offer greeting and good wishes to the International Council of Nurses on the occasion of their meeting in Cologne. I wish to express my most heartfelt thanks for their choice, which I look upon as a great honor. I consider the acceptance of a delegate from Switzerland as a fresh proof of the open-hearted sympathy which has always been shown to us by all countries.

"Our Swiss Council of Nurses was founded in November, 1910, in connection with the Swiss school of nursing and Women's Hospital in Zurich, and the Red Cross Nursing School in Berne, with the object of raising the profession and of economically furthering the independence of sick nursing, midwifery and nursing of children. It embraces at the present time four sections, viz., the Association of Nurses in Zurich, Berne, Nuremberg and Basle, numbering as members, in all 824 women and 39 men.

"We stand in the midst of our work, and can already look back on much that has been successfully accomplished. If in doing that—which lies nearest to us, we are trying to fulfil the tasks imposed on us by the conditions and needs of Switzerland, we look out, at the same time, upon the aims of the International Council of Nurses. We rejoice in its growth and in its results, and are grateful to it for its pioneer work and its manifold inspirations, which have benefited nurses everywhere."

SPEECH IN HONOR OF THE DEAD

The President said that in no period since the foundation of the Council had it suffered such heavy bereavement as during the last three years. It had lost through death in England Miss Isla Stewart, one of its foundation members, whose great services to the nursing profession needed no emphasis. In the United States of America Mrs. Hampton Robb, who had done such wonderful work as a pioneer, was killed by a most tragic accident in a few moments. In Ireland, Mrs. Kildare Treacy—who was one of the delegates nominated by the National Council of Trained Nurses of Great Britain and Ireland to that meeting—had passed away, after a short illness. In India, Miss J. W. Thorpe, who had done so much to organize nurses there, had been accidentally killed; and in France the Council had to record with sorrow the sudden death of Dr. Louis Lande, of Bordeaux, who had taken the greatest interest in the work of the International Council of Nurses, and had intimated his intention of attending the Cologne Congress.

"We shall never," said Sister Karll, "forget these true friends, but forever cherish their memory in the International Council of Nurses."

During this period also the great founder of modern nursing, Florence Nightingale, had passed away.

The whole audience thereupon rose, and remained standing while Dr. Franke played on the organ a beautiful chorale from Bach's Passion Music, in which the plaintive melody, constantly recurring, was instinct with tender memories of the departed.

SELECTION OF NEXT MEETING PLACE.

Miss Dock reported that the Council had been invited by the far Western States of America to meet in San Francisco in 1915, and a cordial invitation was extended by the Californian Nurses' Association. The National Association of American Nurses had also been invited to meet there at the same time, and she had the honor to place in the hands of the meeting the invitation of American nurses.

Sister Karll said that three of the meetings of the International Council had been held in Europe, but its interests were world-wide, and its meetings must be held in both hemispheres.

Mrs. Fenwick pointed out that British, American and German nurses had founded the Council and made it a success, and it was high

time that it had an American President. She moved that the gracious invitation of the Californian nurses be accepted.

Miss Dock said that they would not be able to provide a sumptuous background, but there were some things they would be able to show their visitors: i.e., State Registered Nurses voting for the election of the President of the United States!

The President announced by cablegram: "Greetings from Californian Nurses' Association. Welcome to California in 1915." In accepting the invitation a hearty vote of thanks for their courtesy was sent to the Californian Nurses.

THE PANAMA-PACIFIC UNIVERSAL EXPOSITION.

The following official invitation was also received:—

The President and Directors of the Panama-Pacific Universal Exposition, to be held in San Francisco in 1915, have the honor to extend to the International Congress of Nurses a cordial invitation to hold its 1915 meeting in San Francisco.

The city has been selected by Congress, with the approval of the President of the United States, as the official site for celebrating the uniting of the waters of the Pacific and the Atlantic through the Panama Canal, the greatest physical accomplishment achieved by man.

The Exposition will only attempt to show that which is most advanced in Invention, most interesting in Art, and of greatest scientific value, embracing all that is important in the material progress of the world; but it will be the aim of the Directors to make this rank in intellectual interest above all previous expositions, and to bring together so much of wisdom, so much of practical scientific thought, and so much of broad grasp of the world's important problems, that the progress of mankind shall be advanced by a quarter of a century.

To assist in achieving this aim, we invite your presence in the city of San Francisco, in the year nineteen hundred and fifteen.

The invitation is signed by the President of the University of California, and other officers.

THE ELECTION OF OFFICERS.

It was announced that the Executive Committee had nominated Miss A. W. Goodrich, of the United States, as President for the next triennial term, and Mrs. Fenwick moved that the nomination of the Executive be accepted.

Miss Anna Maxwell said that Miss Goodrich was one of their great leaders in nursing reform, and worked day and night to improve the education of nurses. She held an important appointment as Inspector of Training Schools in the State of New York. American nurses would be highly honored by the appointment of Miss Goodrich as President.

The nomination was unanimously approved and a pleasant international courtesy took place when the President presented Miss Nutting

with a bouquet of pure white roses, as the President-elect was not there to receive them, for which Miss Nutting returned thanks in her charming manner.

It was decided to cable to Miss Goodrich inviting her to accept the position of President, and before the Congress concluded its session Miss Goodrich cabled her acceptance and expressed her thanks for the honor conferred upon her.

Miss L. L. Dock was re-elected Hon. Secretary and Miss M. Breay Hon. Treasurer.

HONORARY PRESIDENT.

Mrs. Bedford Fenwick announced that she had a very pleasant duty to perform, and she hoped the proposition she was about to make would commend itself to the delegates. It was in the power of the Council to offer to a retiring President of whose work it approved the position of Hon. President for life; she hoped they would now confer the honor upon Sister Karll. During the whole of her three years' term of office Sister Karll's work had been strenuous, generous, and self-sacrificing, and it would be well that it should be recognized. It was unanimously agreed to invite Sister Karll to become an Hon. President, and in a few appreciative words she accepted the honor.

THE RESOLUTIONS.

The Resolutions published last week were then considered—that in support of the Registration of Nurses was proposed by Miss Dock and seconded by Miss G. A. Rogers, and was warmly supported by Miss Mejan (Holland), Miss Lutken (Denmark), Miss L. L. Rogers (Canada), Miss Child (South Africa), and Mrs. Fenwick (Great Britain). It was passed unanimously and with enthusiasm.

Miss Dock proposed the resolution declaring adherence to the principle of Woman Suffrage, and it was seconded by Miss Nutting, who said she could not have a more congenial task—there was a great group of American nurses behind her, who at their recent meeting in Chicago voted solidly for it. The German nurses needed to bring their influence to bear upon it. Florence Nightingale, Isla Stewart, Isabel Hampton Robb were ardent supporters of woman's suffrage, and the members of the International Council could not do better than follow their example. The resolution was carried unanimously.

The meeting, which had been most harmonious throughout and conducted with wonderful dispatch, then terminated, and the hundreds of members took luncheon together in hospitable little groups, reassembling at 2 p.m. for the afternoon session.

THE AFTERNOON SESSION.

Sister Karll again presided at the afternoon session, when the report of the International Committee on Nursing Education was present-

ed by Miss Verwey Mejan, of Holland, in the absence through illness of the Hon. Secretary, Miss van Lamschot Hubrecht.

REPORT ON PRELIMINARY EDUCATION.

The Report gave a short statement as to the foundation of the Committee, during the meeting of the International Council in London in 1909, the late Mrs. Hampton Robb being appointed Chairman, and Miss van Lamschot Hubrecht (Hon. Secretary). The Report stated that, in co-operation with Sister Agnes Karll and Miss Dock, the following questions, concerning the preliminary training of nurses, were drawn up and circulated to the affiliated councils:—

(1) Is any preliminary training for nurses given in your country? (2) Is it given in the hospital (nurse training school), or outside in some other institution or institutions? (3) Do the pupils of the preliminary course live in the hospital (training school)? (4) How long does the preliminary training last? (5) What are the subjects taught? (6) Do the pupils pay for the preliminary course of training? (7) What are the qualifications required for admission?

The information obtained, as a result of this enquiry, was incorporated in a pamphlet circulated to the delegates of the various countries concerned.

Miss Hubrecht made clear in her report that what is meant by preliminary training is not the education a probationer may have enjoyed before entering the hospital, but an organized and specially supervised probation period after she has entered it, during which period she is prepared, to a certain extent, to approach the sick, and begin her practical services to them, without showing that awkwardness which comes from new surroundings and unfamiliar duties.

Further, that in no other profession or handicraft is the novice allowed to practice upon the most precious material; but is given material of little or no value. A nurse has only one kind of material she can practice upon; and this is, at the same time, the most precious material upon earth—the human body and the human soul. Every precaution should, therefore, be taken to prevent needless suffering to the patients in the hospitals, through the ignorance of the probationer. A preliminary training of some months, under the guidance of qualified teachers, will greatly assist toward removing this difficulty.

Miss Hubrecht stated that the time given to the preliminary training varies greatly from two or three weeks to six months, and the amount of theoretical study also varies considerably. There is general agreement, however, that the pupils shall be taught outside the wards, practising upon each other how to handle, bathe, attend, and care for a sick person.

CONCLUSIONS.

As a result of the inquiry, Miss Hubrecht suggested the following conclusions for adoption:—

1. Preliminary training is desirable and is recommended, as it gives probationers a uniform preparation for their work by the bedside.

2. Two to six weeks we regard as too short a time in which to give much theoretical instruction, even in an elementary form, with preliminary training, and we suggest that only the elements of practical nursing, the principles of hygiene and sanitation and sick cookery can be satisfactorily taught in so short a time.

3. Theory should not be limited solely to the preliminary training which is meant first of all to prepare the hands and the special senses of the pupil. Theoretical instruction in a simple form should accompany the practical work throughout the entire two or three years' course.

4. If it is desirable to limit theoretical teaching in anatomy, physiology, drugs and their actions, simple chemistry, bacteriology and hygiene as closely as possible to a preliminary period of time, such a period should be from three to six months long, and during this period the pupil might spend a part of every day in the wards.

5. State Registration will help to form public standards and so make it easier for us to arrive at preparatory study for nurse-teachers, graded work in training schools, and uniform preparation of probationers.

6. The cost to hospitals of a good preliminary course is so considerable as to prevent its organization in many instances, and it would be desirable that such courses should be carried on by some special school in co-operation with several hospitals.

In the discussion which followed Miss Nutting, Mrs. Bedford Fenwick and Miss H. L. Pearse took part. Miss Nutting pointed out that a preliminary course of organized theoretical training was the first effort to bring nursing education into touch with an academic course. The report just presented was a most important consensus of opinion, and record of successful work. Those schools which had adopted preliminary courses were most enthusiastic as to their usefulness. The definite acceptance of courses of preliminary theoretical training could be regarded as a small measure of progress. We had found out, however, that five or six weeks, even three or four months, was too short a period for preliminary training. Science and principles could not be taught in that time, and we must accept an extension of the time devoted to theory. A nurse who had to handle human life could not get on without a knowledge of chemistry and bacteriology, and this could not be acquired in the course of the two lectures which were all some training schools devoted to these subjects. Nurses were doing better work to-day than any other body of workers, but discipline was needed, more especially the discipline of the mind. There was sometimes a tendency to cut

short the theoretical and introduce practical work into the preliminary course. The hospital should be kept from working the preliminary pupil, who should not be pushed into theoretical work, and have hospital work required of her also.

Mrs. Bedford Fenwick said that with the uprising of medicine the field of the nurse had extended. She was no longer a ward hack, and the curriculum of her training must be founded on the same basis as that of medicine. All the progress made by medicine had been based on scientific principles. Nurses now must be trained to meet the requirements of the Medical Officer of Health. The maternity nurse working in connection with maternity clinics, needs to know how the diet of the mother before and after the birth of her child is to be regulated, district nursing, school nursing. Government departments all make special demands upon nurses, but the training they receive was designed to meet the needs of nurses a quarter of a century ago. New curricula of training were required; they should be extended to fit nurses for branches of social nursing. The course should be designed, not only for ward workers, but to qualify nurses for every branch of nursing in the social sphere.

Miss H. L. Pearse endorsed this view, and said that there were now a number of new branches of social service into which nurses were expected to go fully equipped. Work done in the schools made demands upon the social knowledge, judgment, and clerical ability of nurses; and fully trained nurses, taking up school work, had to be carefully instructed after their appointment.

On the proposition of Miss Maxwell, seconded by Miss Snively, the Report was adopted, and Miss Nutting accepted the position of Chairman of the International Committee on Nursing Education.

ORGANIZATION AND STATE REGISTRATION.

The remainder of the afternoon was devoted to receiving the reports from various countries on Organization and Registration.

..

GREAT BRITAIN AND IRELAND.

The report of the Society for the State Registration of Trained Nurses was presented by Miss Christina Forrest, who showed that at present nursing in the United Kingdom is unorganized, and that at present the public have no State guarantee that the nurses they employ have been tested and found efficient, and that trained, semi-trained, and untrained compete together for employment on the same footing, leaving the public to discriminate as to their qualifications, of which they cannot be expert judges.

She referred to the co-operation of medical and nursing societies, under the chairmanship of Lord Amptill, in the Central Committee for Registration, and briefly outlined the present position and the work

which had been accomplished in regard to State Registration, since the last triennial meeting of the International Council of Nurses.

UNITED STATES OF AMERICA.

The report from the United States was prepared by a committee of the American Nurses' Association, but Miss Doek proposed that as the American facts were so thoroughly well known, the report should be taken as read, and this was agreed.

GERMANY.

The German report was presented by Sister Emma Ampt. It expressed regret that the three years' curriculum of training already enforced in other Anglo-Saxon countries had not yet been adopted in Germany; the one year's compulsory training was a great step forward, but unfortunately, it was only partially in force, Bavaria, Baden, Oldenburg and Mecklenburg not having joined the movement. Formerly, after a theoretical training of six weeks, a candidate could present herself to the public as a medically certificated nurse. Now she must pass a State examination after not less than one year's training, and a training school for nurses must obtain a State license; but it was regrettable that the State was content with the assurance of theoretical instruction, and neglected to insist upon what was so urgently necessary, the training of nurses under a competent professional woman.

Although the State does not indicate any intention of prolonging the term of training, it is possible, as the one year is compulsory, for hospitals to prolong the period of training to two or three years, and so secure a solid basis on which to found the profession securely.

NEW ZEALAND.

The report for New Zealand, which was prepared by Miss Hester Maclean, and read by Miss Sutherland, stated that it was now over ten years since the Nurses' Registration Act came into force in the Dominion, and its effect upon the nurses trained in the various hospitals had had ample time to manifest itself.

State Registration affords to the nurse what she might otherwise not have had, a point at which to aim, and gives to her teachers a standard which they must do their best to give her a chance to reach.

Without it, and without the test of the teaching given by a uniform examination, set by an independent authority, such as the State, there would be no guarantee whatever that a nurse had any but the most elementary knowledge of the work.

For the public registration is a protection. It is the people's own fault if they confide themselves, or those dear to them, to the care of unqualified persons. It is quite easy for them to ascertain whether a woman calling herself a nurse has any right to so call herself, and people begin to recognize the advisability of making enquiries.

Thoughtful women of education, in choosing a career for the future, will be more likely to allow their choice to follow inclination, and adopt a nurse's work when that has also legal recognition, when otherwise perhaps that of the doctor would have been the one chosen, because of its professional promise. The great benefit of registration is the differentiation of the qualified from the unqualified.

JAPAN.

Miss Take Hagiwara, speaking in Japanese, said that in her country nurses were not so far organized in professional societies; it had not been the national custom. They had, however, a highly organized Red Cross Society, through which the care of the sick and wounded was maintained at a high standard. She hoped to learn much during the sessions of the Congress.

HUNGARY.

Sister Kadar Hlanko, of Budapest, reported that until lately nursing had been principally in the hands of nuns, hospitals and clinics having been supplied with nurses through the religious orders. Lately the supply not having been equal to the demand, public opinion had been directed in favor of the employment of secular nurses. Up to five years ago these nurses were all supplied by the Red Cross Society, or taken from a certain class of untrained and uneducated women. The first Hungarian school for nurses formed on the German system met with no success. As the hospital had only ten beds, instruction was gained in the course of daily visits to neighboring hospitals and clinics—an interesting but unpractical method. It was then decided to send Hungarian Sisters to the Moabit Hospital, Berlin, for a certain period of instruction. To this the present success was due. Not only was the Gondvisele's hospital now too small for its needs, but secular nursing was regarded from quite a different standpoint.

BELGIUM.

A number of reports were presented from Belgium. The first by Mme. La Comtesse Jean de Merode, who said that a system of examination for nurses was now in force in that country.

Dr. Maurice Peremans, representing the city of Antwerp, said that at each of the preceding International Congresses Belgium had been represented, and during the last few years the progress made in that country had been notable. Too much importance must not be attached to the system of State Registration created by a Royal decree as it exists in that country, as no guarantee of practical work was required.

He considered that a training school for nurses should be connected with a hospital of not less than 40 beds under the authority of a medical superintendent; a matron should control the discipline of the nurses, theoretical instruction should be given by the doctors giving the prac-

tical instruction, pupils should have a general instruction corresponding to the middle studies in Belgium, three years' practical training should be required, the moral and material conditions under which the nurses live should be good.

Dr. G. Marcelle said that the *Conseil des Hospices* in Brussels well understood that the instruction of the nurse must follow therapeutic methods, and it conceived the idea of creating a technical school for nurses. In 1902 an attempt was made to give instruction in nursing to a certain number of women of the domestic classes remarkable for their intelligence, good conduct and devotion. But, unfortunately, owing to the insufficiency of their previous education, the efforts of the most painstaking instructors were in vain, and it became evident that only a school founded on lines similar to those in foreign countries could be effective. In 1907, therefore, the Council modified its programme and created a nursing school, giving a three years' course.

Dr. Marcelle concluded his paper with an expression of gratitude to those foreign associations of nurses which had indicated the way which they should follow, and thus enabled them to avoid numerous difficulties.

Dr. Depage, Professor of the Clique at the Hospital of St. Pierre, said that before 1907 nursing was practically non-existent in Belgium; the nuns were the only nurses, and, although sincerely devoted to their patients, they were governed by old ideas, and knew nothing of the progress initiated by Miss Florence Nightingale. The *Ecole Belge d'Infirmières Diplômées* was, therefore, founded under an English Matron, Miss Cavell, where the term of training is for three years.

The President then closed the session, and the members hastened to avail themselves of the courteous invitation of the Municipality to a Fete in the Flora.

THE SOCIAL SIDE.

THE FETE AT THE FLORA.

The Open-air Fete given by the Municipality of Cologne in the Floral Town Gardens, "to honor the members of the Congress," was one of the most charming receptions during the week. Tea was laid for the guests in the central glass-house, where palms grew in tropical profusion, on rose decorated tables, and all kinds of national dainties were hospitably pressed upon the guests.

Tea over (although throughout the afternoon trays laden with delicacies were brought round at intervals), Herr Burgermeister Lane gave those present a heartfelt welcome in the name of the city of Cologne. "You," he said, "who have come from all countries to discuss your work for the good of the world, I welcome in this garden of flowers and blossoms. We are bound by a ribbon of brotherly love, and without considering nationality or religion, we bow the knee to one God. Once

more we greet you in our city on the Rhine. May our town never be forgotten by you."

Sister Agnes Karll, in warmly thanking the Burgermeister and Town Council for their hospitality in the name of the International Council of Nurses, assured him that the town of Cologne and its citizens would always be remembered with gratitude and affection by those present.

The members of the Congress then availed themselves of the opportunity to listen to the beautiful music, to see the exquisite gardens, ablaze with flowers, or to wander further on velvet lawns and rest under the shade of the lovely trees for which the gardens are noted.

THE BANQUET.

The banquet held in the splendid gold and white ballroom of the Hotel Disch on the evening of August 7th was a most brilliant social event, and will never be forgotten by those privileged to be present. Never before had a banquet organized by women been held in Cologne—but certainly it will not be the last. Over 350 guests assembled, and when Sister Agnes Karll took her seat at the high table—supported by the officers and delegates of the International Council and members of the Hospitality Committee—she looked upon a most bright and joyous scene. The gold and white decorations of the beautiful room—the tables laden with exquisite pink roses, the window ledges bright with bouquets presented to her by representatives of the National Councils—the gay company and enlivening strains of music—all combined to produce just the tone of color and sound, inspiring in the highest degree.

In Germany it is the custom to make speeches between the courses—and, rising early in the evening, Dr. Ruhsack said that the opinion was sometimes expressed that in the Rhineland the modern woman was not appreciated, but the contrary was the fact. In Rhineland women had done serious work for their sex, which he attributed partly to the proximity of the University of Bonn, which attracted women students. Women with an aim in life knew how to claim their independence, to which everyone had a right. Dr. Ruhsack concluded by a reference to the debt of gratitude owed by the International Council of Nurses to its Presidents.

The next speaker was Dr. Hecker who won for himself so warm a regard from Congress members during the week, who said that in war victories were formerly won by individual courage, now they were won by generalship. He congratulated the Council upon its generals. The Congress Badge presented to him by Sister Agnes Karll had, he said, given him more pleasure than medals won in battle. He took it to mean that he now belonged to the nurses, and honor as well as duty compelled him for the future to fight in the good cause. He concluded by offering a toast to "the generals."

Dr. Paul Jacobson said if all the nurses were like those present he thought there would be very little illness. He expressed his good wishes for an entente cordiale, first between doctors and nurses, and secondly between nurses themselves.

Sister Agnes Karll, referring to the acceptance of the Presidency of the Council by Miss A. W. Goodrich, asked the American delegates to convey to her the pleasure which her decision had given to the Council. She also expressed her thanks to all those who had come so far to attend the Congress, and read the list of the twenty-three nationalities included in its members, all of whom she hoped to meet in San Francisco in three years time. She also warmly thanked the City of Cologne and the women of Cologne for all they had done for the success of the Congress.

Mrs. Bedford Fenwick expressed her pleasure at the great success of the Congress, and in thanking the President for her work, not only for the German Nurses' Association, but for the nurses of the world, offered for her acceptance, on behalf of the British nurses present, including those of Canada, India, New Zealand and South Africa, a beautiful bouquet of pink roses. She also, on their behalf, expressed gratitude to the ladies and gentlemen of Cologne for the splendid reception accorded to the members of the Congress.

THE FLORENCE NIGHTINGALE MEMORIAL.

Mrs. Fenwick went on to say that all the splendid vitality characterizing the members of the Congress must not be allowed to evaporate, but should be utilized for some practical purpose, and after consultation with Miss Nutting and others, she had the honor now to propose that at the Cologne Congress steps should be taken to institute an appropriate memorial to Miss Florence Nightingale. Miss Nightingale was above all nationality, and belonged to every age and every country. She was endowed with the genius to realize that nursing must follow scientific medicine as its handmaid.

To fulfil this great mission aright, those who practised it must be adequately equipped; and her proposition was that the nurses of the world should co-operate to found an educational memorial, in memory of Miss Nightingale, which would benefit the nurses of the world. It was peculiarly appropriate that the proposition, which she hoped would commend itself to those present, should be made at Cologne, near to Kaiserswerth, where Florence Nightingale came to learn the fundamental principles of the art which she afterwards practised and taught for the benefit of humanity.

Sister Karll, in thanking Mrs. Fenwick for her kind personal words, expressed on behalf of German nurses high approval of the proposal made by her.

Miss M. A. Nutting said that she had no hesitation in answering for American nurses—not any. No one for a day could withhold their sup-

port to a proposition for the endowment of an educational memorial in her honor—a real memorial to Florence Nightingale could take no other form; and it should be founded in the country where Florence Nightingale lived her life, and where she left her greatest memorial.

Miss M. A. Snively, as one of the founders of the International Council of Nurses, and a past president of the National Association of Nurses in Canada, expressed her complete sympathy with the proposition. She believed that a memorial, educational in its nature, was one which Miss Nightingale would approve. "Pioneers pass, but leave behind them a world transformed out of the resemblance to that on which they opened their eyes."

Miss Mejan, a Dutch delegate, also spoke; and Miss Lutken, of Denmark, expressed the thanks of Danish nurses for their "perfect reception."

Miss Creighton, after thanking the Council for the reception accorded to the Indian delegates, said, on behalf of the nurses of India, that she was sure they would heartily co-operate in the proposal just made by Mrs. Bedford Fenwick.

Miss Sutherland (New Zealand) also supported the proposed memorial, and said she would go back to New Zealand inspired with the spirit of internationalism. New Zealand nurses were not behind others in helping a good object.

Miss Take Hagiwara, of Japan, addressing Sister Agnes Karll, then said: "Our soul and our spirit have been refreshed by the unhymnable source of knowledge which draws us on by a magic bond far to the Star of Hope. I hardly know if I can find words or poetry that can suffice to thank our President, Sister Agnes Karll. To-day, dear Sister, we are striving towards the same goal with united hearts, and many trees with sweet-scented blossoms be covered later with the noblest of fruits." Miss Hagiwara then presented Sister Karll with a laurel wreath tied with red and white ribbon, inscribed in gold.

Miss Wakakani, another Japanese delegate, said: "It will be a never-to-be-forgotten picture of my heart that, as delegate of the Mitsui Sister of Mercy Hospital, with those of the Red Cross, I was able to take part in this most interesting and instructive Congress, which closes with this splendid banquet. For all the kindness and attention of my honored sisters, which will be stored up as treasures in my mind, I should like to express my warmest thanks. I shall share these treasures with my sisters of Japan, when I go back: and so further our cause in my own country."

M. Andre Mesureur, Chef du Service due Directeur de l'Assistance Publique, Paris, briefly and gracefully returned thanks on behalf of the French representatives for the courtesy extended to them. M. Mesureur attended both the Paris and London Congresses.

The Countess van den Steen, speaking in the name of Countess de Merode and Dr. van Sweiten, who had returned home, returned thanks for the delightful reception accorded to the members of the St. Camille School, delegated by the Belgian Government. "We rejoice," she said, "in being so completely in contact with our German friends, as three years ago with our English ones. We tend towards the same aims and same ideals—the healing of the body, and the healing of the soul. Hand in hand, we shall go forward along the hard but comforting path in which Sister Agnes Karll leads us."

Signorina Nerina Gigluicci, after expressing the thanks of the three Italian members of the Congress for their kind reception, said they were deeply sensible of the honor of being the first of their countrywomen to assist at one of the Congresses of the International Council of Nurses, and said her aspiration was that at a not too distant date her countrywomen might be able to welcome the Council in one of the great historic halls in which Italy is so rich. She could wish it to be Florence, because there Florence Nightingale first saw the light of day, and the city had the honor to give her its name.

In proposing a toast of our hostesses, and the International Council of Nurses, Signorina Gigluicci substituted the Italian "Evviva" for the German "Hoch."

Sister Emma Lindhagen said that nurses in Norway were not organized as they should be, but they had now begun to think about this and were going home to work for it.

Miss Dock, who claimed that she had discovered Sister Agnes Karll, said that she could not help being thorough; it was a characteristic of the nation to which she belonged. In her own inimitable way Miss Dock then described her experience in being summoned before a magistrate in Berlin because her age supplied at the request of the police did not correspond with that given on a visit five years previously.

An amusing episode during the evening was the reception of a telegram of congratulations "from your Sisters in the Zoological Gardens," who, however, were members of the Congress supping together there.

Sister Karll, in the course of the evening, read the following letter from the Hon. Albinia Brodrick:

"It is with deep disappointment that I realize the impossibility of being amongst you all at Cologne and renewing the affectionate bonds of comradeship which have been so effectually formed between us at our earlier Congresses.

"I send you my love and my greetings.

"May this Congress help you, and through you the whole world, to realize more deeply the magnificent possibilities of our profession, and

strengthen you to carry on, in that broad-minded spirit of love which alone can ennoble it, that work for God and for humanity which humbly and hopefully we have ventured upon.

"My thoughts will constantly be with you during these coming days—and perhaps some of you, too, may spare a thought sometimes to those of us whom duty holds fast.

"We, the nurses of the world, are making the history of the world. Ours is the contribution of healing, the saving of lives, to do, some great works, some lesser ones, but all do take some part in the history of their nation. Great is the trust reposed in us, great the responsibility upon us. But great also the certainty of our reward. When or where we may meet it we cannot tell—only this we know, that, silently, imperceptibly, we are forging, link by link, a mighty chain which shall some day girdle the world, and bind it in the bonds of an Universal Peace.

"There is the certain guerdon of our toil."

We have verbally recorded the speeches made on this never-to-be-forgotten evening, but to capture and describe in words the gaiety, the good fellowship, the friendliness with which it was characterized, from first to last, is a task almost impossible of accomplishment. As the "hochs" resounded through the hall, and glass touched glass, few words were needed to cement friendship and good feeling between those who a short week ago had been strangers to one another. Those who were present can never forget the inspiration of the occasion.—*The British Journal of Nursing*.

THE TORONTO CENTRAL REGISTRY OF GRADUATE NURSES.

Owing to lack of space, the Registrar's financial statement was not published in full. We give the full report here.

FINANCIAL STATEMENT.

12 Months Ending May 31, 1912.

RECEIPTS.

Balance in banks, June 1st, 1911:—

Savings Account, Bank of Hamilton	\$1,413.61	
Current Account, Dominion Bank	209.83	
		————— \$1,623.44
Fees collected during year	\$2,010.40	
Sale of Charts and Clips (averaging \$5.51 per month)	66.17	
Interest, Savings Account to May 31, 1912.....	37.45	
		————— 2,114.02
		————— \$3,737.46

EXPENDITURE.

Office, Salaries, Registrar and Assistant	\$1,320.00	
Rent, one month to May 15, 1912, 2 rooms Club		
House	25.00	
Expense Annual Meeting, June, 1911—		
Catering	\$35.00	
Orchestra	8.00	
Carriage50	
	<u>43.50</u>	
Telephone—Service to June 30, 1912....	\$72.74	
Extra entries in book	4.00	
Long distance tolls	6.05	
	<u>82.79</u>	
Advertising, ¼ page, "Canadian Nurse"	24.96	
Printing, pads, rate cards, etc.	21.7½	
Stationery and Office supplies	7.65	
Postage	24.15	
Railway Guide, 12 months	5.20	
City Directory	7.50	
Audit, Report and Books, 7 months to 31/5/11..	10.00	
Office furniture,—		
Desk	\$18.00	
Two Chairs	8.00	
	<u>26.00</u>	
Chart	62.00	
Charity case, Sutton, Ont., Miss Fell	11.00	
Flowers—sick nurses	2.35	
Christmas presents—Telephone Girls and Postmen	4.00	
Subscription to Extension Fund, per Miss Crosby	300.00	
Replacing ten books for T. G. N. Club, lost in transit between 644 Spadina Ave. and 554 College Street	20.25	
	<u>\$1,998.10</u>	
Balance in Banks, May 31st, 1912—		
Savings Account, Bank Hamilton.	\$1,451.06	
Current Account, Dominion Bank.	288.30	
	<u>1,739.36</u>	
	<u>\$3,737.46</u>	

The amount of overdue fees at this date appears to be \$60.00.

I have examined the vouchers, cheques, bank books, cash books and fee books of the organization and certify that above statement is in agreement therewith.

June 1st, 1912.

T. W. ELLIS.

MARGARET EWING.

THE GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA.

The nursing profession of the Province was represented by some sixty-eight graduate nurses at the mass meeting held Tuesday afternoon, September 10th, in Christ Church schoolroom, Vancouver, for the purpose of organizing a Provincial Graduate Nurses' Association. Many of the adjoining districts sent representatives, and Victoria, New Westminster and Kamloops were also represented. The gathering experienced no hesitation in its choice of President, Miss Wright being unanimously elected to the highest office in the new organization and acknowledging the honor gracefully as she took the chair. Miss Wright justifies her appointment in the businesslike way in which she conducted the meeting, and her clever method of laying before her hearers the aims and objects of the Association. The other officers elected were Miss Macdonald, first vice-president; Miss Randall, second vice-president; Miss Patton, of Kamloops, third vice-president; Miss Breeze, secretary-treasurer; Executive Committee, with officers, Miss Hall, Miss Morrison, of Victoria, Miss Hart, Miss Clarke, Miss Scott and Miss Grey, of New Westminster. Miss Wright had worked with the nurses of Michigan and Washington States in their preparation of registration bills for presentation to the government, and was able to give many valuable suggestions to the British Columbia nurses, whose main object in joining forces is to effect a proper registration of nurses, not only in this province but throughout the whole Dominion, by preparing a bill which will effectually cover conditions in all provinces. Miss Wright told how three years had been lost in Michigan through making the bill too exclusive, and how the same fault in Washington had delayed the passage of the bill in that State for a year. A committee was struck whose duty it will be to prepare a bill for presentation to the government at Victoria and which must first pass through the hands of the executive. Those who will draft the bill are Miss Norcross, Miss McLennan, Miss McLeod, Miss Gillis, Miss Grey, of New Westminster, and Miss Bowne, of South Vancouver. A committee was also appointed to draw up a constitution for the new organization and is composed of Miss Beharrel, Miss Judge (chairman), Miss Barnard, Miss Trew and Miss Wilson. It was decided that the society should be known as the Graduate Nurses' Association of British Columbia, and that the initiation and annual fees should each be \$1. It is hoped to have the registration bill ready for presentation at the next sitting of the legislature, in January. At the close of the meeting tea was served and an informal discussion of the business of the afternoon took place. Later the members dispersed to meet again at dinner at 8 o'clock in the tea-rooms, when the members of the new association were the guests of the Vancouver Graduate Nurses' Association, and a most enjoyable function marked the inauguration of the provincial organization.—*Victoria Times*.

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Miss Bella Crosby, 41 Rose Ave., Toronto.

Editorial

REGISTRATION.

Organization is the first step necessary in the work for Registration. No appeal for Registration will meet with favorable consideration unless the nurses are united. The profession must be a unit in this great advance step for proper recognition and legal status.

We are glad to note that British Columbia has recently organized a strong Provincial Association with a view to securing Registration. At once a Committee was appointed to draft a Bill, which is to be presented at the next session of the Provincial Legislature. Much has already been done to secure the co-operation of the medical profession and the assistance of other influential bodies. Our best wishes go out to this new Provincial Association for abundant success. May Registration of nurses soon be a fact in British Columbia!

THE CANADIAN NURSE EDUCATIONAL BOARD.

The annual meeting of this Board will be held on November 28th, at 295 Sherbourne St., Toronto. Many of the members may find it impossible to attend, but none should fail to take some part in the meeting in spite of absence. You have suggestions to make, plans to propose, ideals to express, something that will help to improve our magazine and make it more worthy of the nursing profession in Canada.

Have you a criticism to make? Don't withhold it. The magazine will be the loser. If you cannot be present in person, send it in writing. Let every member of "The Canadian Nurse Editorial Board" see that she contribute her part to the success of the annual meeting and the upbuilding and improvement of "The Canadian Nurse" during the next year.

THE CANADIAN PUBLIC HEALTH ASSOCIATION.

The Second Annual Congress of this Association was held on September 16th, 17th, 18th, in the University Buildings, Toronto, and brought together a large number of people prominent in public health matters in different parts of Canada and the United States.

A wide range of intensely practical and vital questions were discussed at the different sessions. Clean food, pure milk, pure water, proper housing, proper sanitation, tuberculosis, medical inspection of schools, prevention of social misery, were among the subjects discussed.

The President emphasized the fact that it is the people's privilege to prevent disease. He said:—

"Remember that it is your high privilege to prevent disease, to diminish and as far as possible banish sickness and suffering, to reduce mortality and prolong life, and that in so doing you are rendering to the Empire a public service and strengthening the foundation upon which its perpetuity depends."

"The pages of history are writ large with lessons of how empire after empire has fallen through physical degeneration and all its attendant evils consequent upon the ignoring of laws which are to-day called the simple laws of health. Upon every hand there is the evidence that we are in many respects following in their footsteps. It is to be found in the most recently settled portions of Canada, while physical defects and their attendant social evils are in evidence in the rising generation even of this proud city in which we meet to-day."

"The opportunities, the unusual advantages afforded by this great Empire for the study of disease under the ever-changing conditions of climate, race and environment are unique. Never before in the world's history has such opportunity been offered; and the responsibility for action rests heavily upon us to-day, for, unless we do act, the fabric of Imperialism is but an empty myth. The call, then, is to the people of Canada, the municipalities of Canada, the Governments of Canada, to see to it that by the co-ordination of all health forces in one homogeneous organism and by the adoption and enforcement of the most advanced health measures this Dominion fulfils its duty."

THE CANADIAN CONFERENCE OF CHARITIES AND CORRECTIONS.

This Conference was held in Montreal, October 9-12, in connection with the Child Welfare Exhibition. This is the first time the Conference has been held outside of Ontario, and the opportunity was taken to make it National. Next year it will be held in Winnipeg, in September.

The subjects considered were: Child Dependency; Mental Defectives; Recreation and Education; Child Delinquency; Public Health and Housing; Sickness and Dependency; Families and Neighborhoods; The Delinquent; Public Charities and "Child Welfare."

The problem of the feeble-minded came up for consideration in every session. The facts, terrible and far-reaching, but undeniable, demonstrated beyond a doubt the need of custodial care for all so afflicted. Much misery might be averted and the number of criminals and paupers greatly reduced.

Nurses have a great opportunity to assist in promoting social betterment by their work in the schools, not only in educating the children

in matters of health and correct living, but by carrying their instruction into the homes; by their social welfare work in connection with hospitals, settlements and private philanthropies.

Nurses in private practice may contribute their quota by taking advantage of every opportunity to speak the word in season. A knowledge of the need is often all that is lacking to enlist one more efficient worker.

THE CHILD WELFARE EXHIBITION.

The Child Welfare Exhibition, held in Montreal, October 8-22, is a vigorous educational campaign in behalf of the child. The improvement of the physical, mental and moral condition of the children is the aim of the promoters of this great exhibition.

To feel sure that incalculable good will result, one has only to see the vast crowds viewing the exhibits daily and hear the questions asked and the answers given and demonstrated. Expert explainers are constantly busy demonstrating so clearly that none can mistake the *right* way, and emphasizing and fixing their lessons by showing the results of both the *right* and the *wrong* ways.

The Exhibition is divided into sections or booths:—Health, Homes, Education, Recreation and Social Life, City Environment, Moral and Religious Training, Philanthropy, Industrial Conditions, Law.

In each section the lessons to be taught are impressed by photographs, facts tersely and clearly set forth, and by teachers who are experts in their different departments. In the Health section, the proper care of baby is demonstrated—its care before and after birth, preparation and care of the milk, clothing—the baby can be properly clothed with little expense; need of plenty of fresh air, etc. Four, sometimes five, conferences for mothers are held daily by prominent physicians.

In the "Homes" section, mothers may learn the best kinds of food for growing children, how to secure these at least cost, how to be sure that materials for clothing will wear, how to beautify the back yards, etc. A model living-room and kitchen are shown, also games and toys which children can make for themselves.

Thus you see the practical nature of the Exhibition, and can realize that this is the greatest effort yet put forth in Canada for the awakening of the public conscience to the need of conserving child life, of giving to every child a chance to be healthy and happy, and to make a success of life.

This is the age of the child. Workers for social betterment everywhere realize that unless child life is conserved and properly developed, the degeneration of the race must result, and that spells decay and downfall for the nation.

The Guild of



Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

THE CRY OF THE CHILDREN.

(Continued from October.)

May I give you two hints? (1) In nursing children, we are dealing with other people's property. We have no right to treat them as our own; or rather we should see that we do "treat them as our own." To spoil another person's child is to betray our trust, to make self-conquest harder for the child, and correction less easy for the parents. To harden another's child by neglect or by rough and selfish treatment is as bad.

(2) "Teach mothers to love their children." The state of society revealed in the need for such an injunction would be best commented upon by our District and Private Nurses. We can at least "teach mothers" by showing our interest in those to whom they are so indifferent, if in no more direct way.

Lastly: either you are drawn or not drawn to nurse children. (a) You are drawn to them. It is a very beautiful vocation to be a Children's Nurse;—a nurse in the Royal Family of the Great King, decorated by the Christ-Child with the Star of the Order of Bethlehem. If the guiding-star of your life leads you to where the young children lie, open the best treasures of your spiritual and intellectual life for them.

And it is in the faithful discharge of routine duties and in self-sacrificing efforts to sun the child-plant into life and growth, that prose and poetry unite to give the children "a sight o' virtue" and something else "to take to" but vice.—*In Watchings Often.*

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Mrs. Tilley, 82 Roxborough Street W., Toronto; Second Vice-President, Miss G. A. Read, 772 Hellmuth Avenue, London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss L. L. Rogers, R.N., 10 Geoffrey Street, Toronto. Directors:—Miss K. Mathieson, Riverdale Hospital, Toronto; Miss Eastwood, 206 Spadina Avenue, Toronto; Mrs. Paffard, c-r 36 Yonge Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 113 Delaware Avenue, Toronto; Miss Julia Stewart, 12 Selby Street, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Mrs. Yorke, 400 Manning Avenue, Toronto; Miss Eunice H. Dyke, R.N., 74 Homewood Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Janet Neilson, 295 Carlton Street, Toronto; Miss A. I. Robinson, 295 Sherbourne Street, Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Miss Janet G. McNeill, 505 Sherbourne Street, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss A. Carmochan, 566 Sherbourne Street, Toronto.

Conveners of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-laws, Miss Dyke; Press and Publication, Miss Rowan. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

The Executive held its first meeting for this season on Tuesday, October 7th, at the Club, 295 Sherbourne St. Nine members were present. The Treasurer's report showed a balance of \$487.03.

Ten applications were considered and accepted. Very little could be reported on Registration, except that the Regulations were under consideration. Some announcement will probably soon be made regarding them. The question of supplying information re Training Schools and how to choose wisely was thoroughly discussed. The Executive feels strongly that something should be done that girls will find out before they have trained, not after, the standing granted by the different classes of schools. It was decided to use the daily press to try to get into touch with some desiring information. Then a meeting will be arranged, when members of the Executive will, by personal effort, seek to answer all questions and direct the girls to a wise selection of the training school in which to spend the three years necessary to make them efficient nurses.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss B. M. Simpson, Assistant Superintendent, Hamilton City Hospital; Vice-President, Mrs. Newson, 87 Pearl Street North; Recording Secretary, Miss M. E. Dunlop, 175 Charlton Ave. East; Corresponding Secretary, Miss E. F. Bell, Night Supervisor, Hamilton City Hospital; Treasurer, Miss A. Carseallen, 64 Emerald St. South.

Executive Committee—Miss L. O. Watson, 423 Main St. East; Miss C. E. Flock, 238 Robert St.; Miss A. E. McDermott, 10 Stinson St.; Miss M. McEachern, 143 James St. South; Miss M. L. Hannah, Mountain Sanatorium.

Regular meeting first Tuesday, 8 p.m.

Miss Dalgleish, Graduate H. C. H., has gone to Scott, Sask., as Assistant to Miss Hindley in the Municipal Hospital.

Miss Iola Grant is convalescing at her home in Listowel, Ont., having recently undergone an appendectomy.

Miss Fenby is visiting friends in Chatham.

Miss Beck is convalescing at her home in Sault Ste. Marie, after an appendectomy in Welland Hospital recently.

Miss Wright has returned to the city after having spent three weeks at her home near Guelph.

Miss Duffield has returned from a short holiday in Toronto and eastern points.

Miss Simmons has returned after spending a pleasant holiday at her home.

Miss Clara Osbourne has returned to do private nursing, after having spent a pleasant holiday at her home in Woodstock.

Armstrong-Taylor—On Saturday, October 5th, at the home of the bride's parents, 14 Delaware Ave., Toronto, by Rev. J. B. Paulin, Annie E. Taylor, daughter of Mr. and Mrs. W. R. Taylor, to Erle Armstrong, Hamilton. Mrs. Armstrong is a Graduate of the H. C. H.



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice Presidents—Mrs. Petrie and Miss Dunlop.

Treasurer—Miss Des Brisay, The Poinciana, Sherbrooke St. W.

Secretary—Miss Fortescue, 611 The Lindsay Bldg., St. Catherine St.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 112 Mansfield Street, first Tuesday, 8 p.m.

The Seventeenth Annual Meeting of the Canadian Nurses' Association met in Medico-Chirurgical rooms, 112 Mansfield street, Montreal, on Tuesday, October 1st, at 3.30 p.m.

The Rev. Patterson Smyth officiated at the opening service, His Lordship the Bishop of Montreal having had to cancel his appointment to meet an urgent call.

The Business Meeting was called to order at 4 p.m., Miss Philips presiding.

The minutes having been read and adopted the Treasurer was called upon for the yearly report, and for the first time in many years Miss DesBrisay gave her returns gladly. The results showed a balance of \$750.00, against a deficit of \$90.00 in the year 1911. This proved most strongly that Miss Philips' determination, in the face of seeming severity towards those nurses who were taking a dishonest advantage of the Register, was absolutely right. We thank her.

The Registrar's report was equally favorable, in spite of the increase in registration and initiation fees—an increase of 61 calls and 306 registrations.

Thirteen hundred and eleven (1311) cases attended, and more demands for nurses than could be met. Three nurses assisted the Victorian Order during the summer.

Five nurses are holding temporary institutional positions.

Seven nurses are leaving the Association to be married.

There was generally less sickness among nurses, and altogether the closing year has been most kind to the C. N. A.

A vote of thanks was returned.

The President, Miss Philips, then resigned the chair to Miss Welch, Second Vice-President, for the election of President, but resumed it very quickly at an unanimous call to return.

Miss Philips drew the members' attention to the increase of work for the Board of Directors, and urged an interest in the Association among the younger members. She further stated that the work done by the Treasurer and other officers gratis, could not, in the near future, be asked of them, and the Association would be called upon to pay a Secretary-Treasurer.

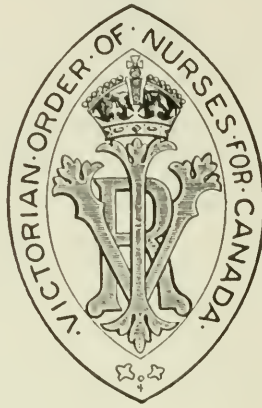
Miss Colley has filled the post of Secretary for fifteen years and deserves a heartfelt vote of thanks from the nurses. She is enjoying a well earned, much needed rest in England.

The meeting was brought to a close and the newly elected Board of Directors gathered for organization of sub-committees.

MARGARET FORTESCUE.

Have you secured a set of those souvenir post cards? The Alumnae Association of the Toronto General Hospital thought that souvenir post cards of the old General would be valued by all who had in any way been connected with the Hospital. Two sets of twelve cards each, good photographs of twelve interior and twelve exterior views, have been prepared. The sets sell for 50c. each, individual cards 5c. each. Send your order to Mrs. N. H. Aubin, 78 Queen's Park, Toronto.

The Toronto Graduate Nurses' Club will hold a Bazaar on November 20th at the Clubhouse, 295 Sherbourne St. The members are asked to put forth every effort to make the Bazaar a success. Contributions of useful and fancy articles, home-made candy, jam, cake, etc., will be very acceptable and may be sent to the Club in care of the Superintendent.



Miss Lucy Thomas Drake, R.N., has been appointed Assistant to the Chief Superintendent. The head office of the Order is at 578 Somerset street, Ottawa.

Miss Annie Gleaves is the nurse in charge of the new V. O. N. district at Gaspé, Que.

Miss Minnie Ferguson opened the district at Bobcaygeon, Ont., a few months ago.

Miss McCaul has been appointed nurse in charge of the V. O. N. milk station in Ottawa. This milk station is to be kept open the year round.

A second nurse has been added to the Grand Mere staff. Miss Crawford received the appointment.

Miss Studdert has succeeded Mrs. Tyler in the Lachine district.

Miss Nie, R.N., has been appointed Assistant to the Superintendent at the Lady Minto Hospital, New Liskard, Ont.

The new district of North Vancouver is in charge of Miss Muir.

Miss Lulu Walken has succeeded Miss Bingham as Matron of the Lady Minto Hospital, at Minnedosa, Man.

The country district at Innisfail, Alta., has proved a great success. The Committee are now planning to have the Nursing Home and the second nurse. Miss Sitler, R.N., is in charge.

HOSPITALS AND NURSES.

Montreal.—Miss Carmen, M.G.H., '11, who has been travelling through England, Scotland and on the Continent since last March, has returned to Montreal and will resume private nursing.

Miss Lillian B. Moore, M.G.H., '02, and Miss Alice Law, '08, expect to spend the winter in California.

Miss F. M. Shaw, M.G.H., who has spent the summer at Ste. Agathe, Que., sails for England at the end of October, where she will remain for the winter.

Miss Mildred Forber, M.G.H., '08, has accepted a position on the staff of the Montreal General Hospital.

The Misses Day and Kate Wilson spent the summer in Scotland. Miss Day was one of the fortunate nurses who was able to attend the International Congress at Co'ogne.

Miss K. H. Brock, M.G.H., is spending her holidays with her sister in Saskatoon, Sask.

Miss Wyman, M.G.H., '10, has left Montreal and gone West to take up private nursing.

Miss Margaret Walker, M.G.H., 1900, also a Graduate of the Pratt Institute, has had charge of the Montreal General Hospital Diet Kitchen for the summer months.—M. V. Y.

Fort William, Ont.—Miss Stewart has returned from a two months' vacation spent in Detroit, Toledo and other Eastern cities.

Miss Shaughnessy and Miss Wi-hart are leaving for Winnipeg to practice their profession.

Misses Millar and MacKay have joined the Victorian Order in Vancouver.

Miss Lunan has accepted a position on the staff of the McKellar General Hospital.

Last month Miss MacKenzie, Chief Superintendent of the V.O.N., addressed a small gathering of nurses, explaining the need for the Victorian Order Nurse and the system adopted for installing them, at which she was driven about the Twin Cities in an auto by the Graduate Nurses' Association.

Miss Beeman was married to J. K. Fraser, manager of the Standard Bank, on September 11th, and is now living in Cobourg, Ont.

Miss Maude V. Broddy, Graduate of Toronto General Hospital, Class '97, is the Superintendent of Victoria Private Hospital, 1001 East 29th street, Los Angeles, Cal. Her friends wish her every success in her work.

Mr. and Mrs. Edward Disher (née Whyte), whose marriage took place in Liverpool last July, have returned to Vancouver. Since July they have been travelling on the Continent. Mrs. Disher is a Graduate of the Vancouver General Hospital.

The Annual Meeting of the Alumnae Association of the Mack Training School, St. Catharines, Ont., was held in the Nurses' Residence, August 28th, at 2.30 p.m. Miss Tuck, President, was in the chair. There was a good attendance of members.

The reports of the Secretary and Treasurer were most satisfactory.

Dr. Sheahan gave a most interesting and delightful talk on Tuberculosis.

The election of officers resulted as follows:—President, Mrs. Parnell; First Vice-President, Miss Tuck; Second Vice-President, Mrs. Dunn; Secretary and Treasurer for Annual Meeting, Miss Wallace; Secretary for Monthly Meeting, Miss Albright.

Miss Bruce and Miss Thompson were appointed Delegates to the G. N. A. O. Annual Meeting.

Miss Elliott was appointed as Representative to the Editorial Board.

It was decided to give a cheque of \$125.00 to furnish a room in the new hospital. It is hoped that before long the Hospital Board will make some arrangement for the benefit of our sick nurses.

Burnaby is taking steps to have the work of the Victorian Order of Nurses inaugurated.

Surrounded by an informal gathering of men and women at noon on September 21st, their Royal Highnesses the Duchess of Connaught and the Princess Patricia visited the Vancouver Home of the Victorian Order of Nurses, on Venables street, and the Duchess was presented with an envelope containing \$2,392, the sum that has been collected for the Victorian Order in response to the request made by Her Royal Highness.

A pretty scene then ensued when Mrs. John Atcherly presented her baby, Victoria Atcherly, four months old, who was born at the Home, and is a Hawaiian princess. In the baby's name Mrs. Atcherly then presented a sum of money she had collected towards the nurses' fund. The money was enclosed in a cocoanut shell, bearing on its surface an Hawaiian inscription of greeting. This was accompanied by a long rope garland of flowers, one of which was also presented to Princess Patricia.

"Thank you very much," said the Duchess, smilingly; adding as she glanced at the little princess, "a very pretty baby." The latter demurely acknowledged the compliment with a quiet gaze; her thumb in her mouth, meantime.

The Duchess fulfilled a promise made some time previously, when she consented to having her photograph taken, in one of the drawing rooms. The photograph is to be reproduced in numbers and sold, the money to revert to the Home Fund.

The new Lord Dufferin Hospital, at Orangeville, was opened on October 1st under most favorable auspices. About five years ago the local Chapter of the Daughters of the Empire was formed, when the

work of establishing a hospital was undertaken. About seven thousand dollars was raised by subscriptions, concerts, municipal grants and otherwise, the largest donation being given by James Curry, Toronto, who furnished a beautiful private ward. Other wards have been equipped by the Women's Institutes of Orangeville and Orillia, the W. C. T. U. and the County Orange Lodge. A fine private residence was purchased and entirely remodelled. Six cots are already installed, and there is room for as many more.

Hon. W. J. Hanna was to have been present, but was delayed, and sent Dr. Bull of the Government Medical Department to represent him. Rev. G. R. Rix; C. R. McKeown, M.P.P., who acted as Chairman; John Best, M.P., for Dufferin; John A. Cornelius, Warden; Rev. B. Davies, Dr. A. J. Hunter, G. M. Vance, K.C., Shelburne, and Dr. Groves, of the Royal Alexandra Hospital, Fergus, were among the speakers.

Mrs. William Donaldson has been engaged as Lady Superintendent, and the Misses Menary and Gordon as trained nurses. Mrs. C. R. McKeown is the Regent of the Local Chapter of the Daughters of the Empire, which is known as Lord Dufferin Chapter.

The first meeting of the Alumnae Association of Toronto General Hospital was held in the Nurses' Residence, on Friday, October 4th, at 3.30 p.m. Mrs. Feeny, President, occupied the chair. There was a fair attendance. At the close of the business session the members had the privilege of listening to a most interesting and instructive lecture on "The Role of Bacteriology in Modern Medicine and Surgery," by Dr. G. W. Ross. We hope to give your readers the benefit of this lecture so will not comment on it here.

The souvenir post cards of the old General are ready. Two sets of twelve cards each (interior and exterior views) cost one dollar. You will be sorry if you fail to secure these sets. Mrs. N. H. Aubuin, 78 Queen's Park, Toronto will be pleased to hear from you.

North Vancouver is taking steps to secure the services of a Victorian Order Nurse.

The new Kamloops General Hospital was opened on September 17th by His Royal Highness the Duke of Connaught, who was accompanied by the Duchess of Connaught and the Princess Patricia. Upon the arrival of the Royal party at the Hospital, the school children sang the National Anthem and "The Maple Leaf." Baskets of flowers and fruit were presented to the Duke and Duchess and Princess Patricia by little girls.

Addresses of welcome were read by Mayor Robinson and Mr. R. A. Bethune, President of the Hospital Board, who presented the Duke with a gold key with which to open the hospital doors. The Royal party

and Reception Committee were then served with tea in one of the public wards by the matron and staff.

Miss Olla Standish, Graduate of Vancouver General Hospital Training School for Nurses, who for the past year has been matron of the Nicola Valley Hospital at Merritt, has resigned her position and left for her old home in Lacombe, Alta.

The Alumnae Association of Vancouver General Hospital held its regular monthly meeting at the Nurses' Residence on September 3rd. Miss Hart, President, occupied the chair. The attendance was good. There was a discussion on the V. G. H. Registry, but final decision was left till the next meeting. The Association was invited to a general meeting of nurses on Tuesday, September 10th, to assist in forming a Provincial Association.

X A well attended meeting of nurses was held in Christ Church school room, Vancouver B.C., on the afternoon of September 10th. The primal object of this meeting, called by the Vancouver Graduate Nurses' Association, was to organize a Provincial Association to work with the object of obtaining registration for nurses in British Columbia. For several months the V. G. N. A. has been working with this end in view, and in forming this association they hope to secure the passage of a bill within the next year. At the present there is nothing to safeguard the public against the unqualified nurses, and both doctors and nurses recognizing the seriousness of this state of affairs, are endeavoring to secure government registration for all nurses. While this will not debar the untrained nurse from nursing, it will furnish a means whereby the public may be able to distinguish between the trained and the untrained nurse. The first direct benefit of such an Act is to the public, then the doctors and nurses. It will standardize the profession, for only those who are up to a certain standard will be permitted to practice as registered nurses. The meeting was called to order with Miss Morrison, of Victoria, in the chair, and Miss Judge as secretary pro tem. After explaining the ideas, Miss Morrison called for the election of officers, which resulted as follows: President, Miss Wright, of New Westminster; First Vice-President, Miss Macdonald, Superintendent of the Jubilee Hospital, Victoria; Second Vice-President, Miss Randall, Superintendent of the Vancouver General Hospital; Third Vice-President, Miss Patton, Superintendent of the Kamloops Hospital; Secretary-Treasurer, Miss Breeze, Vancouver; Executive Committee, Miss Hall, Vancouver; Miss Morrison, Victoria; Miss Hart, Vancouver; Miss Clarke, Victoria; Miss Scott, New Westminster; Miss Grey, New Westminster. Miss Wright took the chair and an association, to be known as the Graduate Nurses' Association of B. C., was formed. Committees were elected to draw up a constitution and by-laws and to prepare the bill to be presented to the

Government. On the first committee were Miss Judge, Miss Trew, Miss Wil-on, Miss Barnard and Miss Behassett. On the bill committee were Miss McLellan, Miss Norcross, Miss MacLeod, Miss Gillis, Miss Bone, Miss Randall and Miss Grey. At the close of the meeting tea was served. In the evening the visiting nurses were entertained at dinner by the members of the Vancouver Graduate Nurses' Association.

I hope no one who has had the pleasure of visiting Vancouver has missed the opportunity of crossing Burrard Inlet, a distance of about one mile, and seeing the much smaller, but equally ambitious city of North Vancouver, which is beautifully situated on the slope of a hill, with a background of magnificent mountains typical of British Columbia.

On an elevation, and overlooking the water, with picturesque Vancouver bordering the other side, I found Harbor View Sanitarium, a small but well equipped hospital, owned by Doctors Martin and Newcombe, with Dr. Lutun assisting, who are doing excellent work in both surgery and medicine. The hospital is under the management of Miss E. McLeish, Graduate of Hamilton City Hospital, who is ably assisted by Miss Heron, Graduate of Montreal General, and Miss McLeay, of Hamilton City Hospital. All knowing these nurses will realize how fortunate the Doctors were in securing their services.

This little hospital (about twenty beds) has a decidedly homelike air. The patients are very contented, the nurses bright and always cheerful, the whole place lacks the noise and confusion so often found in small hospitals.

I was so pleased with it all, that I take great pleasure in writing these few lines, hoping those who know the nurses in the far east, and are responsible for the splendid work done here, will enjoy hearing of them again through *The Canadian Nurse*.

The annual meeting of the Alumnae Association of the R. V. H., Montreal, was held in the Nurses' Home on the 9th October, when the election of officers took place.

Much regret was expressed that Miss Grant, who has been such a faithful President for several years, finds herself unable to accept the position again; Miss Goodhue was unanimously chosen as her successor. The other officers were all re-elected. During the summer a special effort was made to put the Sick Benefit on a firmer footing, so that the Association would be in a position to do something definite and systematic for our nurses when they are ill. Each member was asked, if possible, to contribute five dollars, and the treasurer reports a very hearty response, between two and three hundred dollars having been received and some of the members to hear from.

We trust the Alumnae Association will have some very interesting meetings during the coming year.

Miss Randall (class of 1903, R. V. H., Montreal) has left San Francisco and taken the position of Superintendent of Nurses in the Vancouver General Hospital. Quite a number of graduates of her own school are leaving Montreal to join her there.

Miss McLeod, who has been in charge of one of the private wards in the R. V. H., goes as Assistant Superintendent, Miss Stretton taking charge of the operating room, with Miss Hamilton as her assistant, while Miss Edsall, Miss Kavanagh and Miss Stodhart are to be in charge of wards. We shall miss them in Montreal, but wish them much success in their work in the west.

Miss Olive Ross, Miss Clint and Miss Forgie, graduates of the R. V. H., Montreal, have just returned from a very pleasant summer spent in Europe.

The Hospital Board of the General Protestant Hospital, Ottawa, has decided to enlarge the Hospital and the Lady Stanley Institute. Plans for raising the necessary funds are being considered.

Miss K. May Holmes, a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., announces change of address from 50 Sullivan St., Toronto, Canada, to 611 Tenth St., S. Lethbridge, Alberta, Canada.

The Hospital Board of Vancouver General Hospital has rented an additional Nurses' Home and made possible an addition of twenty pupil nurses to the staff. The report of the visiting committee recommended that better accommodation be provided for the nurses and that the Superintendent of Nurses have control of the special nurses and endorse their appointment. Frequently medical men employed outside nurses of whom the Superintendent knew nothing. Other matters for the improvement of the Hospital were discussed and action taken.

The Social Service Department is growing in usefulness and efficiency under the able management of Miss MacLeod. Ten new patients were cared for during the month and 600 calls were made in connection with the work.

The regular monthly meeting of the Victoria Nurses' Club was held in the committee room of the Alexandra Club. A large number attended. Three new members were received. Four names were read of those wishing to join. Dr. Robertson gave a most instructive lecture on "The Circulation." Miss E. H. Jones thanked the Doctor on behalf of the nurses. Miss Morrison reported the work going on in Vancouver for Registration. All the nurses there are most enthusiastic, and the British Columbia Association is now a fact. All at the meeting were in favor of Registration.

The first graduating exercises in connection with the Training School of the Alexandra Hospital, Ingersoll, Ont., took place on the evening of September 30th in the Town Hall. A very large audience was assembled to do honor to the two first Graduates. A keen interest in the work of the Hospital was also manifested. Dr. J. B. Coleridge, Mayor, occupied the chair. Rev. H. B. Christie gave the invocation.

The chairman, in his address, paid a warm tribute to the excellent work of Miss Hodges, the Superintendent, and the nurses. He also thanked the Ladies' Auxiliary, which had rendered valuable assistance.

Addresses were also given by Dr. A. McKay, President of the Medical Staff, Rev. A. Bright and Dr. R. W. Bruce Smith. The valedictory was given by Miss G. M. Siple, and the reply by Dr. J. M. Rogers.

Rev. R. J. M. Perkins administered the Florence Nightingale pledge to the Graduates. Mr. Thomas Seldon, President of the Hospital Trust, presented the diplomas, and Mrs. Morrow, President of the Ladies' Auxiliary, the pins.

The evening was enlivened by several musical selections—solos by Mrs. Dr. Rogers, Professor Saunders, Miss M. Enright, violin solo by Miss Mina Thompson, and a selection by the Male Quartette of the Baptist Church. The orchestra also contributed much to the enjoyment of all. Rev. C. J. McLean pronounced the benediction and brought to a close a very interesting and memorable evening.

The Graduates are: Miss Ethel M. Siple, Miss Lillian Hayward. The Class motto is "Sevare Praestat."

Yorkton, one of the most thriving Saskatchewan towns, is soon to have a new municipal hospital.

Whilst thinking of ways and means to erect a much needed hospital in Canora, Sask., the pleasing announcement was made that Mrs. Waddell, of Peterborough, Ont., would erect in that town a \$40,000 hospital in memory of her husband. The work has already commenced.

Owing to several unjust charges brought against the management of the Victoria Hospital, Prince Albert, Sask., the Superintendent, staff of assistants, nurses in training and employees, have tendered their resignations, the same to take effect on the 17th day of October.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held at 24 Roseberry Avenue on Thursday, October 4th. The President, Mrs. MacConnell, occupied the chair. There was an average attendance.

Plans for the coming year were discussed, after which refreshments were served and half an hour spent socially.

Miss Lucy Bowling, Graduate of the Toronto Western Hospital, has been Superintendent of the Tuxedo Park Hospital, New York, for the past three months.

OFFICIAL DEPARTMENT.



- Queen Alexandra's Imperial Military Nursing Service.
- The Canadian Permanent Army Medical Service (Nursing Branch).
- The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Madden, R.N., Supt. of Nurses, City Hospital, Hamilton; Secretary, Miss Scott, 11 Chilcote Ave., Toronto.
- The Canadian National Association of Trained Nurses.—President, Miss Mackenzie, Ottawa; Secretary, Mrs. Fournier, Gravenhurst, Ont.
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- The Canadian Nurses' Association.—President, Miss Phillips, 45 Argyle Ave., Montreal; Cor. Secretary, Miss Colley, 133 Hutchison St.
- The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.
- The Graduate Nurses' Association of Ontario.—President, Miss Bella Crosby, 41 Rose Ave.; Rec. Sec., Miss I. F. Pringle, 188 Avenue Rd., Toronto.
- The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Sunnyside St., Ottawa.
- The Guild of St. Barnabas for Nurses.
- The Brockville Graduate Nurses' Association.—President, Mrs. V. A. Lott; Sec., Miss M. Ringer.
- The Collingwood G. and M. Hospital Alumnae Association.—President, Miss Knox; Secretary, Miss J. E. Carr, Collingwood.
- The Calgary Graduate Nurses' Association.—President, Miss Dewar, 824 4th Ave. West; Secretary, Miss Rutherford, 596 4th St. West.
- The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Mrs. R. W. R. Armstrong.
- The Ottawa Graduate Nurses' Association.—President, Mrs. Ballantyne; Secretary, Miss Jessie K. Argue, Lady Grey Hospital.
- The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Lloyd, Durham, Ont.; Sec., Miss North Harrison.
- The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.
- The Guelph General Hospital Alumnae Association.—President, Miss Armstrong, Cor. Sec., Miss Kropf, General Hospital.
- The Hamilton City Hospital Alumnae Association.—President, Miss B. M. Simpson; Cor. Sec., Miss Etta McLeay, City Hospital.
- The London Victoria Hospital Alumnae Association.—President, Miss Lyons; Sec., Miss McIntosh, Victoria Hospital, London, Ont.
- The Kingston General Hospital Alumnae Association.—President, Mrs. W. J. Crothers; Secretary, Mrs. S. F. Campbell.
- The Manitoba Association of Graduate Nurses.—President, Miss Cotter, Winnipeg; Secretary, Miss B. M. Andrews, 375 Langside St., Winnipeg.
- The Montreal General Hospital Alumnae Association.—President, Miss Ethel Brown; Cor. Secretary, Miss Ethel Lee, 318 Grosvenor Ave., Westmount.
- The Montreal Royal Victoria Hospital Alumnae Association.—President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonel Ave., Montreal.
- The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Sec.-Treas. Mrs. J. G. Smith.
- The St. Catharines G. and M. Hospital Alumnae Association.—President, Mrs. Larnall; Secretary, Miss E. M. Elliott.
- The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 295 Sherbourne St.
- The Toronto General Hospital Alumnae Association.—President, Mrs. Feeny; Cor. Secy., Mrs. N. Aubin.
- The Toronto Grace Hospital Alumnae Association.—President, Miss De Vellin, 505 Sherbourne St.; Secretary, Miss J. Sloane, 154 Beverley St.
- The Toronto Graduate Nurses' Club.—President, Mrs. Paffard, 81 Grenville St.
- The Toronto Hospital for Sick Children Alumnae Association.—President, Miss L. L. Rodgers; Cor. Sec., Miss B. Goodall, 666 Euclid Ave.
- The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss Mathieson, Supt. Riverdale Isolation Hospital; Secretary, Miss Annie Day, 86 Maitland St.
- The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Connor; Secretary, Miss Thompson, 9 Pembroke St.
- The Toronto Western Hospital Alumnae Association.—President, Mrs. MacConnell, 127 Major St.; Cor. Secy., Miss Lucy Bowling, 77 Winchester St.
- The Winnipeg General Hospital Alumnae Association.—President, Miss Hood, General Hospital; Secretary, Miss M. F. Gray, General Hospital.
- The Vancouver Graduate Nurses' Association.—President, Miss Hall, 111 Broadway, East; Secretary, Miss Ruth Judge, 811 Thurlow St., Vancouver.
- The Vancouver General Hospital Alumnae Association.—President, Miss M. Peharrel, Asst. Supt. V.G.H., Vancouver; Secretary, Miss M. Wilson, 675 Twelfth Ave. W.
- The Victoria Trained Nurses' Club.—President, Miss Clark, 37 Douglas St.; Secretary, Miss H. G. Turner.
- The Florence Nightingale Association, Toronto.—President, Miss M. A. McKenzie; Secretary, Miss J. C. Wardell, 97 Delaware Ave.
- Nicholl's Hospital Alumnae Association, Peterboro.—President, Miss Dixon, 501 Water St.; Secretary, Miss B. Mowry, Supt. Queen Mary Hospital.
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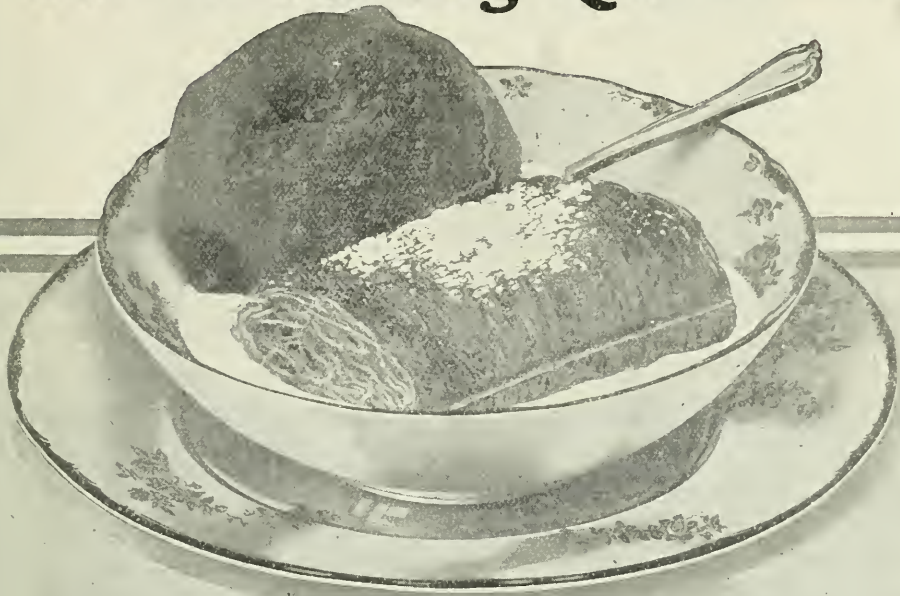
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Representative, "The Canadian Nurse"—Miss G. A. Gowans, 5 Dupont St.

Regular Meeting—Second Thursday, 3.30 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss J. G. McNeill; Secretary, Miss Annie Daig, 86 Maitland St.; Treasurer, Miss M. Fogarty, corner Pape Ave. and Gerrard St.; Executive Committee, Misses Hallett, McFadyen, Stretton, Mannering and McLellan.

Conveners of Committees—Sick Visiting, Miss Hallett; Programme, Miss McFadyen.

Representatives on Central Registry Committee—Misses Pigott and Semple.

Representative "The Canadian Nurse"—Miss J. G. McNeill, 505 Sherbourne St.

Regular Meetings—First Thursday, 8 p.m.

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Regular meeting, first Tuesday.

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The Canadian Nurse—Miss M. Butchart.

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"the value of cold as a therapeutic agent in inflammatory conditions is slowly but surely reversing from a fact into a very doubtful theory.

Dr. Cavana (*American Journal of Surgery*, Oct., 1912) demonstrates by careful analysis and logic that pathogenic micro-organisms multiply most rapidly in temperature from below 98.6° to freezing and "that in a temperature of 100° Fahrenheit most of the laboratory cultures die, and that in a temperature of 103° all artificial germ propagation ceases."

Taking a case of Pneumonia, Tonsillitis, Bronchitis, even Appendicitis, as Dr. Fauntleroy suggests, in fact any inflammatory involvement, it would seem justifiable and logical in the light of this reasoning that heat, best applied in the form of antiphlogistine, facilitates a cure by favoring leucocytosis and adding to nature's defense against suppuration.

There can be no doubt that much of the success in treating inflammations, whether deep or superficial, with antiphlogistine which retains its thermic value for hours if applied thick and hot, has been due to this therapeutic function."



A very interesting event took place on the evening of October 1st at the Royal Alexandra Hospital, Edmonton, Alta., when three nurses graduated and received their diplomas: Miss Ellen Myrtle McCrae, Miss Anna Maddock Campbell, and Miss Irene Donnan.

An orchestra played throughout the evening and the dining-room was fitted up for the exercises, a platform being erected at one end, which was decorated with the hospital colors: gold, purple and white.

On the platform were Mr. Alan Fraser, President of the Hospital Board, who acted as chairman; Rev. C. A. Myers, Dr. Harrison, Miss Henderson (Montreal), and Miss Fairservice, the Lady Superintendent.

Mr. Fraser opened the exercises with a very fine address, impressing upon the graduates the importance of the spiritual side as well as the technical efficiency in nursing.

Dr. Harrison followed with an excellent address to the nurses, which was listened to with great attention by the large audience assembled. He divided his address into three heads: First, duty to patient; second, duty to doctor; third, duty to self.

After Dr. Harrison had finished speaking, Mr. Fraser asked Miss Henderson, of the Royal Victoria Hospital, Montreal, to present the diplomas and pins, which she did in a few graceful words to each nurse as she came to the platform.

Miss Henderson also, on behalf of the Hospital Board, presented the nurses with bouquets of red and white, pink and white roses tied with long satin streamers, Mr. Fraser handing Miss Henderson a huge sheaf of yellow 'mums, with yellow satin streamers.

Mr. N. D. MacFadyen sang two solos and was heartily encored, but only bowed his thanks.

Miss Fairservice then administered the Florence Nightingale pledge to the Class.

A surprise was then given to Miss Fairservice when Miss Anna Maddock Campbell stepped forward and read the following address, Miss Ellen Myrtle McCrea meanwhile handing Miss Fairservice a cameo brooch:

Dear Miss Fairservice,—

As members of the Royal Alexandra Training School, we feel that we cannot let this occasion pass without expressing to you our appreciation of your efforts on our behalf.

As members of the graduating class, we would like to say that the three years we have spent in the hospital have been pleasant, as well as profitable, and we go out to our work as graduates trained by you, "to do our work well," both the seen and the unseen, and always, we hope,



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with that cheerful spirit which is supposed to be the characteristic of all nurses.

As undergraduates, we would like to assure you of our loyalty to you as lady superintendent of our training school, and hope to attain that efficiency which you desire to be the watchword of the Royal Alexandra Training School.

We would like you to accept this pin as a small token of the esteem in which you are held by your graduating class and nurses in training.

Signed on behalf of graduating class,

N. McRAE,

MYRTLE GRAY,

HILDUR IVERSEN,

Undergraduates.

Miss Fairservice thanked the nurses most heartily for their kind thought, and said she appreciated their address and beautiful gift most highly.

Mr. Fraser said he would now like to hear from the Ladies' Hospital Aid, who had done, and were doing, so much for the hospital, and in the absence of Mrs. Braithwaite, the president, he called upon the first vice-president, Mrs. F. M. Morgan.

The great surprise of the evening came when Mrs. Morgan, in a few words, presented the hospital, for the benefit of the nurses, with a magnificent Heintzman grand piano in Russian oak, through the great generosity of Messrs. Magrath and Holgate.

Loud clapping followed Mrs. Morgan's announcement, and Mr. Fraser said he really didn't know how the board could thank Mrs. Morgan or Messrs. Magrath and Holgate for such a splendid gift. Miss Fairservice also said she would like to say how much the nurses and herself would enjoy and appreciate just what they so often have longed for—a piano.

After the benediction by Rev. C. Myers, the guests went into Miss Fairservice's room, where dainty refreshments were served by Miss Campbell, Miss Craig and other nurses. An impromptu dance closed a very interesting and pleasant evening.

MARRIAGES.

Smith-Murray—On September 4th, at Vancouver, B.C., Miss Mary Murray, Graduate of Victoria General Hospital, Halifax, N.S., to Mr. G. Wilbur Smith.

Acland-Chapman—On September 4th, at Christ Church, Vancouver, B.C., Miss Annie R. Chapman, Graduate of Vancouver General Hospital, to Mr. Arthur E. Acland, Inspector R. N. W. M. P., White Horse, Y. T.



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MARRIAGES.

McEwen-Taylor—On Saturday, August 24th, 1912, at the residence of A. S. Wilmott, Esq., Milton, uncle of the bride, by the Rev. M. J. Wilson, Helen Isobel Taylor, daughter of Mr. and Mrs. S. W. Taylor, to Dr. Robert J. McEwen, Saskatoon, Sask. Miss Taylor is a Graduate of the Guelph General Hospital Class 1910.

Robinson-Bell—On September 18th, at Christ Church, Vancouver, B.C., by Rev. C. C. Owen, Miss Eleanore Bell, Graduate of Vancouver General Hospital, Class '11, to Mr. William R. Robinson, of North Vancouver.

Souder-Brandon—At "Trenholme," Cannington, Ont., on Thursday, September 19th, by Rev. A. Mansell Irwin, Miss Alice Louise Brandon, Graduate of St. Michael's Hospital, Toronto, Class '09, to Mr. Melvin Souder, of Vancouver, B.C.

Mr. and Mrs. Souder will be at home at 2243 Sixth Ave. East, Vancouver, after October 1st.

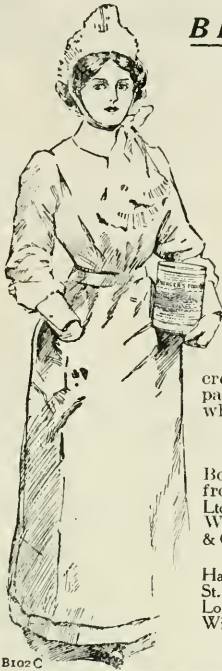
Browne-Wilson—On September 26th, at Reno, Nevada, Miss Beatrice E. Wilson, Graduate of Toronto Western Hospital, Class '08, to William J. Browne, M.D.

Buck-Sawers—On September 25th, at Toronto, Miss Daisy Sawers, Graduate of Toronto Western Hospital, Class '09, to Mr. H. Buck, of Port Rowan, Ontario.

Mr. and Mrs. Alexander G. Hunter announce the marriage of their daughter, Margaret Evelyn, to Mr. Charles H. Batt, on Tuesday, July 9th, 1912, at Toronto. Mrs. Batt is a Graduate of Hamilton City Hospital, Class '97, and late Superintendent of the G. and M. Hospital, Owen Sound, Ont. She is at home to her friends at 293 Quebec Ave., West Toronto.

Owing to the number of applications received this fall for the fall class of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Pennsylvania, Pa., for nurses to take the course in massage, gymnastics, electro and hydro-therapy, it has been found necessary to open the class in two sections, the second section will open on November 12th. The winter class also opens in two sections, starting January 9th and March 12th, 1913. The equipment of the Institute is the most up-to-date in this country and the theoretical and practical instruction is thorough in all its details, and other clinical material for practical experience.

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Hospital—Ferne General, Fernie.

Established—1909.

Superintendent of Hospital—Dr. Carson.

Superintendent of Nurses—Miss Grant.

Number of beds—Fifty.

Graduate Nurses on Staff—Four.

Pupil Nurses—Five.

Term of Training—Two years.

Branches of Training—Medical, Surgical, Obstetrical.

Hospital—Prince Rupert General, Prince Rupert.

Established—1909. Registered—Victoria, 1909.

Superintendent of Hospital and Nurses—Mrs. K. E. McTavish.

Number of beds—Thirty-six.

Graduate Nurses on Staff—Five.

Pupil Nurses—Three.

Term of Training—Three years.

Branches of Training—Medical, Surgical, Obstetrical.

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WHAT IS A NURSE?

By J. F. BOTTING.

The professional nurse has found her place at last. In fact, she now seems to be everywhere, and opportunity for a little private temperature is denied the citizen in his quiet home, the traveller on train, boat or *street car* (he may kill himself outright undisturbed, but he must not be sick) or even to the soldier on the battlefield. Blessed into existence by the benignant rays of after-glory radiating from Florence Nightingale's early work and established in Canada by the heroic zeal of Jeanne Mance, the nursing profession has been idealized, as a life of self-sacrifice and service. And the "trained nurse" has been wept over, as a heroine, in public and loved and appreciated or feared and disliked in her work, according to her merit or the temperament of the people with whom she comes into contact. Many as are the nurses who have exhausted all their tactful resources in homes of the sick or with the sick in hospitals, trying to meet the needs of complex natures or to gratify the whims of "faddy" ones (if they be such that they may be gratified), or soothing and keeping peace with the irritable or nerve-wrecked, or doing what is often more difficult than any of these things, making her position in the homes of the sick understood, in all these ways proving that the "really, truly" nurse in actual work is not really looked upon as a creature to be praised and loved, alone, she still stands before the world as a "trained nurse"—which means a good deal, much of what it means being very paradoxical. No Philistine has yet arisen that has dared, or perhaps even cared, to attack the nursing profession publicly; nor as a profession, in private.

The "public" softens its voice and lets a misty, brooding, love-light linger in its eye, when it breathes the name of nurse.

To minister with one's hands to another, meeting his physical need, is, of necessity, so intimate, so love-inspired a thing, that the *heart* gets the nurse impression before she is understood or appreciated by any coldly rational judgment of her according to merit. The gentle, dove-like influence of an Evangeline seems the only fitting atmosphere with which to surround a nurse in the abstract. And when the cab stops at the door and the nurse is announced, a too large or too shabby suitcase,

an un-Evangeline hat, a too robust figure, an unmusical voice, eyes that are sharp instead of soft and languishing; any or all of these things are bitterly disappointing to the "family," and if by any sad chance or mischance, the foot should be about number six, the disillusionment is so complete and *so* distressing that the lady doesn't "*feel*" like a "trained nurse" to the disappointed ones till she produces that feeling by her merit—real service in the sick room.

Uniform does a lot, but even uniform cannot quite emancipate from disillusionment, and nursely supremacy in the sick room instead of adding to the nurse-hire only adds to the outrage of her not being the kind of nurse that was expected.

Side by side, with this soft, downy, soulful conception of the nurse is the nurse—a heroine; heroine and ministering spirit as well. And the patient in many instances perhaps scarcely feels that she (perhaps even he) gets seventeen, twenty, twenty-five or thirty dollars a week of real nurse value unless the nurse has passed through a few sieges of tears and blood.

Doubtless any *human* patient would prefer to have as a nurse a dear creature with soft, soothing hands; still those same little hands would feel all the more comforting had they been known to have held back the snakes from an attack upon a poor man in *delirium tremens*, especially if the man were a real, Western cowboy or a blackleg of some degree of depravity, awful enough to make protecting him seem a bit thrilling. What women of his time wouldn't love to have had Rob Roy's nurse (if he had one) if only for the chance of asking her a few questions? Or since our age is not producing many nice, interesting desperadoes, an all-man, part boy, public leader, such as Theodore Roosevelt, the modern American Moses—wouldn't it be interesting to call in his nurse, next morning after she got home from nursing him through an attack of—well, it's hard to say what he'd be sick of—perhaps Democrats, the partified, unhypnotized or unconvinced *remainder*. She might be too tired to work much, but perhaps she could still talk.

This is the romantic conception of nursing that obtains with a great many people.

Often, also, the nurse is looked upon as a sort of domesticated doctor. In vain she protests, "I cannot prescribe remedies or regulate diet, we must ask the doctor about it"; she soon realizes that she is expected to know even a little better than the doctor what to do for the patient, for she is sometimes made the final court of appeal after petitions have been refused in the lower court.

Then, perhaps, the most fatal mistake, so far as the nurse is concerned, is in the notion many people seem to have that the nurse is a sort of machine with unlimited and uninterrupted going and Heren-

lean lifting power. No one thinks of providing her with rope and pulley, and often no apparatus, human nor mechanical, is provided for her use, when she is ushered into "grandma's" room, where it is explained to her that "poor grandma is quite paralyzed, and that she weighs two hundred and twenty pounds (a mercy if it be not grandpa, who weighs a little more) and, of course, she *would* have her feather bed and she got down into it and got off her pillows, and being so heavy it was impossible to get her up."

Perhaps her daughter "takes after" her mother and has already passed the one hundred and sixtieth mark, while the nurse weighs one hundred and sixteen and a half (to be quite exact), but, then, she's a nurse and she'll know some way of excavating grandma, and be able to do it.

Maybe a hesitating offer of assistance is made, maybe it is thought risky lest it be accepted and grandma is willingly given over to nurse who'll know just what to do with her and will do it—some way. And being a nurse, she will not sleep, of course, when any nursing attention is required by the patient. "What sort of work would that be, 'trained nurses' are too faithful and devoted for that."

Perhaps the patient requires almost constant attention, but "what family in ordinary circumstances can pay two professional nurses to nurse one patient?" But, then, nurse will need to be praised up well if she does all she has to do and sticks to it. Accordingly, at breakfast (for she's always allowed to eat), when the place way in behind her eyes feels as though sawdust had got in through the top of her head, some way, and her ideas are floating together into thickness and her nerves quivering between hysterical laughter or tears, liable to precipitate her into either on the slightest provocation, she is told that it is simply wonderful how nurses get along without sleep, and she's supposed not only to feel flattered but to understand as well that she is not an exception to the rule—*nurses* go without sleep if they have to do so.

Then follows encomiums on the nursing profession, "It is such a noble profession. But"—and the lady, wishing to reserve some claim to fine things for herself, some claim that will bring out a superior quality of soul even to any that the noble nurse has, though the nurse mustn't think she feels that way—probes away into the innermost seat of nursing—shall I say temper and forbearance—by explaining that she never could be a nurse, she simply could not bear to witness the suffering of sick rooms. Perhaps if she be more obtuse than some of her sex, she will explain a little more particularly that she is particularly sympathetic and never could endure seeing others suffer. This may be true in a measure—maybe grandma didn't mind it much being capsized into a feather bed. But it is also true that many women thus grossly insult their nurses and never seem to think anything about it. What

nurse has not been told by a half dozen women or more, during the course of a very serious case, when her sympathies, nerves and strength have all been taxed to their limit of endurance, substantially this: That if she had deeper human sympathies she could not be a nurse, but not having them and being a nurse, she is a dear, noble thing. Strange paradox. So confusion reigns and the nurse to a great many people is a sort of algebraic term, an unknown quantity. She is sweet and soft and noble and devoted and self-sacrificing and ladylike and dignified, yea, *Evangelic* in "that cute little cap"; but "I don't see how nurses can stand it to see so much suffering and—well, really, they have to do some awful things."

A nurse is a woman. He may be a man, but he doesn't look the part—exactly.

She is a woman with all a true woman's instincts—if she be a nurse worthy the name.

No woman could possibly make an intelligent choice of nursing as a profession, without possessing in a good degree of development the nurse nature found in every true, normal woman. True, some girls choose to train for nurses who do not *choose* nursing as a *profession*, who, in fact, would prefer other work were conditions surrounding that other work as favorable to them as those surrounding nursing. We speak of the nurse who chooses nursing as a profession. She is only a human woman and can do only a certain amount of work well without injury to herself and often injustice to her patient. She must sleep, eat and have some recreation and fresh air. She has nerves, a—a—temper, and a limit to her power of keeping it from manifesting itself.

She likes a little sympathy, can be over-dosed and injured by flattery, is the better of encouragement, and should not be asked to carry the woes of too many people at once. Woes, even other people's, have a trick of causing depression and heartache.

She is a disciplined woman, disciplined alike by circumstances and training. I put circumstances first because circumstances do more toward "managing" a nurse than is done by the most rigorous "cut and dried" form of discipline.

The *sane* woman who enters a sick room if only once or twice in a month, *nearly always* knows that it is best to be cheerful, to be quiet, not to be over-emotional, or excited, and to forget herself, even her own heart if need be, in order not to "disturb" the patient. A nurse in her training goes daily, hourly, momentarily, from one patient to another, any one and all of which it is *best* not to disturb.

A nurse's training is a heart ordeal that none but nurses realize. If she doesn't weep and faint it is not because tears would not often be a great relief, nor because her fortitude is not often tested almost to its point of dissolution. Her very desire to help and satisfaction in

helping are the strongest factors to the force that keeps her calm. She couldn't do much nor do it very quickly, nor well, with her handkerchief at her eyes, and if she turned and fled the sick room to save her own feelings, "where were the 'nursing?'" And what would she feel like in the haven to which she ran even if some head nurse or doctor did not find her, and—and *advise* with her? It is a mistake to say the most sympathetic natures cannot endure the sight of suffering, if while enduring it they can help to relieve that suffering, or even, by their presence, be a comfort to the suffering one. Sympathy does not run away when it is needed, but comes close and yields the utmost and heartiest service. The heart that suffering pierces most deeply, forgets *itself* most completely and devotes itself to service, be it on the rack.

Then a nurse is trained directly to courage and fortitude.

No nurse ever makes a very *triumphal* entrance into the operating room for the first time, and perhaps her first *exit* is decidedly limp and may not even be in an upright position.

But she is sent into the operating room not to be distressed and swoon into the arms of a house-surgeon or across the instrument table as the case may be, and she doesn't do it ninety-nine times out of a hundred perhaps.

We have been thrilled with the masterly description of the way in which a straggling little band of exiled Scotchmen, fighting in the French army against the Germans, took the "Islands of the Scots" and utterly chased their foes.

How they went on foot through the "swoollen" waters of the Rhine River, and overcame almost impossible obstacles because they were animated and stirred to action by their leader calling up remembrances of other heroic battlefields in Scotland. And when the stress was greatest and there was no chance for oratory, they were still spurred on to a last supreme effort by the mention of the name of one of their dead Scotch leaders. Their situation is given to us thus as they were fording the middle stream on foot:

"Have you seen the tall trees swaying,
When the blast is sounding shrill,
And the whirlwind writhes in fury
Up the gorges of the hill?
How they toss their mighty branches,
Struggling with the tempest's shock,
How they keep their place of vantage,
Cleaving firmly to the rock.
Even so these mighty warriors
Held their own against the river,
Though the water splashed about them,

Not an eye was seen to quiver,
Though the shot came sharp and deadly,
Not a man relaxed his hold,
For their hearts were big and thrilling,
With the mighty thoughts of old;
One word was spoke among them,
And through the ranks it spread,
'Remember our dead Claverhouse'
Was all the captain said.
Then sternly bending forward,
They wrestled on a while,
Until they cleared the middle stream,
Then rushed upon the Isle."

If the name of one dead leader made heroes of a whole band of exiled Scotchmen, even without bagpipes, is it to be wondered at that the remembrance of the presence of one *living* woman, somewhere in the hospital, who doesn't faint habitually and doesn't sing lullabies to nervous nurses in their little white beds at night, would *help* to keep a nurse standing on her feet, or whatever the cold, trembly things are she is standing on, even if she turn her head away so as not to see the incision made.

Battlefields may boast their "thin red lines," but there are a few operating rooms where a thin *white* line, a white line feeling tremendously thin in spots, at least, have—well, have done their part, with no mention of it made in the papers.

A nurse is a practical woman. Heroics make good telling. Patient, persevering, sane, intelligent nursing helps to save life and gives comfort to the patient and a heart full of gratification and satisfaction to a nurse, though nothing worthy of limelight be produced. The public attention is very seldom called to nursing except on its heroic side. This and things of like nature foster love of heroics in many a young woman who enters hospital to obtain a nurse's training. Stories are told of slum nursing in which the startling and heroic phases are made to stand out very prominently for reasons not all worthy sometimes. Heroism is a relative term as applied to any nurse.

There are times when any real nurse needs a courage, fortitude and bravery, each of them a pretty good specimen of its kind. If a nurse has these up to the heroic point, she is a heroine, of course. If she has a tide-over allowance she will be in greater danger of heart failure, but will accomplish her work nevertheless. Some nurses enter hospital with dreams of fevered brows soothed to rest under their gentle hands—they find they have to bathe them in ice water till those gentle hands bleed at times—braving scenes of "earnage" in the operating room or draw-

ing back from the very jaws of death—some, perhaps, of the city's great and grand.

Tears, blood, pain and even death itself, may be made to lend a sort of enchantment to the profession, inasmuch as they help the nurse to encompass herself with glory. But a little human contact with the sick, while it may not always overcome the love of heroics, if it ever does, develops in any true nurse the more worthy love of service. And very soon, in the case of most nurses, from the first with others, perhaps, it *feels* surpassingly more satisfactory to her to give a child a nice, warm bath, than it would be to be present at an operation where the honored appendix of the Duke of Somebody is removed. A nurse is always altruistic—I still speak of *real* nurses.

The germ of altruism is in the air of a hospital and she "catches" the thing itself if she isn't born with it. And everyone who chooses nursing as a profession is, at least, born "*susceptible*." Nursing is an education along practical, ethical and altruistic lines. Few nurses have time to remember *all* the family histories of bones and nerves. And materia medica, *too much of it*, might not be good for one's appetite, and a nurse is supposed to avoid, *when possible*, things that injure the health.

She studies some of the wonderful things the doctors know, however, for her essential nurse qualifications necessarily include a great deal of knowledge that her lay sister does not possess.

Then a nurse *develops instincts*, in caring for her patients, that make for character building, besides having ample opportunity even thrust upon her for bringing into use all the good qualities of soul and mind with which she was possessed when she entered hospital.

True altruism demands gratification, and when gratified is its own reward. I think this will be admitted to be a true principle of psychology, though it may never have been stated as a psychological law. Hence nurses serve to gratify their love of service, and are, of necessity, practical women. The last word relative to the nursing profession is—common-sense. The *nurse* in her dealings with her *patient* faces life in its rugged truth phases, shorn of sickly sentiment and false conceptions. Fads, idiosyncracies and nonsense of every kind she looks on with eyes that see. She must, if she would help her patients. And a few years, yes, a few months, of actual nursing puts any woman really worthy of the name of nurse, in a position where she faces physical need in man, woman or child, and undertakes to the extent of her ability to meet that need willingly, unflinchingly, and without reference to, or being influenced by, any other consideration than *that need*. Florence Nightingale is dead; Jeanne Mance is also dead, and precious are their memories. And they "being dead, yet speak," giving direction and stimulus to nursing effort and enterprise. But the *nurse* of to-day and

the nurse of twenty years ago got more from her mother, or some good woman of her progenitors, of those qualities that have made her a successful nurse than she ever got from hospital, text-book or records of noble women. Nurses are born, *then* made.

CHILD WELFARE EXHIBITION.

Truly this is the children's age. Never, I believe, in the world's history has there been so much done for the advancement of the happiness, comfort and health of the little ones as is being done at the present time. I purposely place happiness first, comfort second, and health last, as, given the first two, the last will surely follow, for has any one ever seen an unhappy, uncomfortable, and at the same time, healthy child?

On October 16th I attended the Child Welfare Exhibit in Montreal. Upon entering the large Drill Hall in which this most interesting and instructive exhibition was held, I found myself facing a large grand stand, upon which were seated several hundred little children, who were singing in very good time and tune some kindergarten songs. There were two gymnastic drills given by the children from the Orphan's Home, which would have done credit to older boys and girls.

The Hall was done off in sections, each one being devoted to a different work among children. Domestic science for the girls, manual training for the boys, and work among the blind. The little ones of each class were giving practical demonstrations, and it was wonderful to see what these children had been taught at so early an age. A marvellous sight indeed was that of the blind writing rapidly on their typewriters, or choosing different colored beads for their fancy work.

On the walls were pictures, taken from life, showing the terrible depths of disease and poverty to which one may sink, through filth and shiftlessness—and the contrast is shown by pictures of homes in which cleanliness and industry have been practiced, thereby bringing health and happiness, and, if not wealth, at least the necessities and many of the comforts of life. In many instances, these changes for the better have come through the children having been taught economical and cleanly habits, and awakening an interest in their parents. One three-year-old, upon seeing a model of a yard, "Before and After being raked," was excitedly assuring the on-lookers that she could make her yard "Look like the one that was raked."

The Victorian Order of Nurses did good work in the Exhibit, eight of the nurses being on duty there all the time. One nurse lectured, and demonstrated, to the mothers, upon the care and feeding of infants, and judging from the crowd by which she was continually surrounded there will be many women who will have a better knowledge of how to care

for their children in the future. Other nurses of the Order were assisting at the free dental clinic, where mothers and children were being instructed in the importance of caring for the teeth during childhood.

Perhaps the most "Active" work done by these nurses was that done in the day-nursery, where the babies were cared for while their mothers enjoyed the sights of the Exhibit. Many of the infants, like Rachel mourning for her children, "Refused to be comforted," and a very few slept sweetly.

Much good instruction was given to the grown-ups, by lectures and printed matter, which was either distributed or to be found on screens throughout the Hall.

The effect of this Exhibit, gotten up at the expense of so much time, thought, labor and money, must be far-reaching, and the good and noble work being done among the children of the present day will surely give us better men and women for the future. By educating the little ones in the laws of health, the fathers and mothers of the coming generation will have happier homes, healthier children, and will be more self-dependent than the parents whose children are now being trained in the paths that lead to usefulness and health.

LUCY THOMAS DRAKE.

NURSING IN A MOUNTAIN CAMP.

This summer brought me an experience, rather unique in our profession. I had intended to spend my vacation as last year, mountain climbing with the Alpine Club of Canada at their summer camp—later, resting at the club house in Banff. But the "best laid plans," as usual, went "agley." Accidents will happen in the best regulated families and clubs and, careful as is the Alpine Club, it cannot always escape what at times it, to the uninitiated, may appear to court. On the opening day of camp, one of our more experienced amateur climbers, in bringing his party down Storm Mt., stepped on a loose stone, and had a rather bad tumble. Fortunately he escaped death or permanent injury, but the resulting wounds and bruises, sprains and torn ligaments necessitated a two weeks' sojourn in the Mountain camp. He was very patient and appreciative both of his care and of the fact that my climbing trips were given up. Little did he realize that the prospect of being a "camp-loafer" was not altogether unwelcome. I was not in climbing condition. On my one easy trip, I was mountain-sick nearly all the way up, sprained my knee on the way down, and crawled into camp a veritable wreck.

Camp nursing after the first period of anxiety was over was fun! You may think how horribly inconvenient to care for a helpless human,

back in the mountains, eleven miles from the railway, from which everything had to be carried in on pack-ponies, and a hundred miles from the nearest town. The patient was put in an 8 foot x 10 foot tent on a bed of moss and boughs. Have you any conception of how comfortable such a bed can be? If not, go camping. Clothing had to be literally cut off—my scissors did fell work there. A message was sent to the nearest telegraph office for mattress, pillows, etc., but these things were delayed in transit, and the next day we transferred the patient to an improvised bed made of a framework of poles with canvas stretched over, so arranged that wedges could be driven in to tighten the canvas as it slackened. A mattress was also improvised with sleeping bags, comforters and blankets, and the bed proved so entirely satisfactory that when the real mattress came, it was transferred to my side of the tent, and the nurse enjoyed the one article of luxury in camp.

But the delight of the camp-fire which our more than kind Director kept going all day and half the night! I shall never forget Mr. Wheeler's kindness. His was the first step we heard in the morning and the last at night. The fire was only a few feet from the entrance to the tent, and the camp kettle slung over it ensured a plentiful supply of hot water on demand. A mountain brook—a trout stream—rushed past not twenty feet away, and from its bank close at hand bubbled a spring of coldest, purest mountain water. There are luxuries of untold comfort. I have decided to include them in my list of essentials should I again take to private nursing.

It had its funny side, too! A most unconventional arrangement it was—where the candle was blown out and the patient laboriously turned his face to the wall while I made my final preparations for the night. Our dishes were tin—steel knives and forks. Camp fare was plain but wholesome, and varied with compressed soups of all varieties. Macaroni sticks did duty for drinking tubes. Try them—the added flavor is excellent. (It was a standing joke that these were not wasted, but carefully returned to our good friend and chef, Jim Pong, for further use). Of the fish that were caught, the first were always reserved for our tent, and the patient was not the only one considered. Our vice-president had a secret orange tree from which he succeeded in shaking down one, two, or three a day, as appetite demanded. We strongly suspected that the tree grew many other comforts as well. An improvised cupboard consisting of a small packing box with a shelf inserted, held all sorts of delicacies, including "our poor brother," so that when nourishment time came round, the difficulty lay not in the providing, but in the choosing.

My uniform was unique—climbing boots for wet days, a lighter pair for finer weather. A short skirt and a woollen sweater pulled on over the head completed the costume. These suffered severely as the

days went by, smudges from the camp fire always being held responsible, but laundry bills fretted us not.

At the end of two weeks, the patient was in a condition to be carried on a stretcher to the railway and taken to his home. None too soon, as that evening the weather changed and the rain and snow which accompanied the change would have seriously interfered with our trip to civilization, and scarcely less with our comfort, had we been compelled to remain in camp. Even this trip had its unusual elements, a most exhilarating gallop to Castle on a trusty mountain pony, and a ride to town in the baggage car. Conclusive evidence that we had returned to the haunts of mankind was amply furnished by the ever-growing mob of small boys springing up from the apparently deserted platform as we made our way to the ambulance.

E. McP.

LADY DOCTORS FOR INDIA.

It was more than a quarter of a century since the Dowager Marchioness of Dufferin inaugurated the association for supplying female medical aid to the women of India. The twenty-seventh annual report relating to the year 1911, shows that steady progress in the work has been maintained; 310,717 women have been treated in hospitals mainly controlled and supported by the Dufferin Fund, and 397,109 in hospitals supported by other sources, but assisted by the fund. In addition to this work, the Association is supporting to a greater or less extent ninety female students of medicine in various medical schools and colleges throughout the country. It is stated that there are now fifty-six medical women of the first grade practising in India, ninety-two female assistant surgeons, and 342 female hospital assistants; while 586 women are at the present time studying medicine or undergoing training for the nursing profession in various colleges, schools, and hospitals in the different provinces.

Commenting on the report, the "Lancet" says: "There are many difficulties in the way of the complete independence of a woman's medical service in India, and although there is no doubt that the whole trend of informal opinion, official as well as non-official, is in the direction of giving considerably increased power and responsibility to the medical women, this extension and enlargement must take place gradually, if it is to be permanent and beneficial. At the present time the condition of thousands of purdah women, debarred by their religious belief from obtaining male medical treatment, and so far with no female medical aid available, is deplorable. Nothing can alleviate their misery but a greatly increased provision of women doctors, a measure already delayed too long.

CORRESPONDENCE.

SEOUL, CHOSEN, JAPAN, August 19, 1912.

To The Editor of "The Canadian Nurse":

Dear Editor,—When I came out here last year everything was so novel and strange that I decided I would write a letter to "The Canadian Nurse" so that nurses at home might know just what kind of a life was led by a nurse on the foreign mission field. Shall I tell you a little about my daily round? It is much the same as in a hospital at home. The nurses come on duty at seven, have chapel rounds at nine, then dressings and ward work until twelve, the hour for tiffin (we don't say lunch in the Orient), operations in the afternoons, all kinds, for there is the greatest variety of cases, then the day nurses go off duty at seven. I came out just about a year ago, and the first thing I had to do was to study the language. I used to spend six hours daily in straight language study with my teacher, then I went out and practiced what I learned on the patients and nurses. When I had been here about three weeks Miss Shields, the General Superintendent, went off for a much needed vacation. I was very enthusiastic, assured her that I would soon make them understand and urged her to go. But alas! It was no fun to make inspection rounds, to take a dictionary and hunt up a conversation word for word. For example, to a nurse:—"Your—cap—is—on—the—side," or to the cook:—"Buy—one—chicken—12—eggs—1 pound—butter," etc., then when you finished hunting up the last words you found that they had forgotten the first of your sentence. At the end of six months Miss Shields was so tired that I had to take entire charge of the training school. I had a head nurse who understood English very well and she was a great comfort to me—interpreted my lessons to the nurses and their answers to me. Her name is Miss Bessie C. Kim, a very talented woman and skilful nurse (a graduate). We have eight nurses in training—six probationers, a graduate nurse (Korean) in charge of the operating room, and another Graduate doing private ward duty but who is to be the nurse in charge of our new Dispensary, and the Head Nurse whom I already mentioned. The probationers are nice bright girls, very eager to learn and all deeply interested in hearing about the profession in other lands. We don't take in girls now who haven't been to school. Some of them are High School girls and school teachers.

When Miss Shields started the Training School she could get nobody but widows, and not one of them had had any education. (Schools were just starting then.) So she had first to teach them to read and write in their own language, and teach them the rudiments of cleanli-

ness, according to our standards, before she could let them do anything for the patients. It must have been hard, uphill work. It is even yet, but when one remembers the pioneers one realizes how much more difficult their task was. We have a large foreign population here, this being the capital, all nationalities, English, American, French, German, Russian, Italian, Spanish, Chinese and, of course, Japanese, because Korea is now part of the Japanese Empire.

A funny incident occurred the other day. I'll tell you just to show you how varied our experiences are. A person coming out here ought to know all languages under the sun. One night Dr. Hirst telephoned the Hospital to tell me that he was at the Russian Consulate and was sending in a typhoid fever patient (Russian) the next morning, and asked me to have a private ward ready for him. At 7.30 a.m. a Russian arrived in a jirikisha. As he seemed to be in great distress and was wringing his hands, moaning and rolling his eyes wildly, I had them carry him upstairs very carefully, take off his clothes, sponge him off and apply cold to his head. I had first telephoned and told the Doctor his patient had arrived and seemed to be in a state of great excitement. When the Doctor came he said, "Why, who have you got here?" He was the wrong Russian. This man's lady love and he had disagreed and he hadn't slept for some time. He was in hysterics and had come to get a sedative. As we don't have Russians coming in very often, I had concluded he was the typhoid patient and had him put to bed—and he didn't want to go, either. Poor man, he didn't speak a word of English, French nor Korean, and he had no way of letting us know what was the matter until the other Russian came along in about an hour after and interpreted for him.

We have some very terrible Korean cases. So many keep putting off coming to the doctor until it is too late. It is very piteous to hear them beg and pray to be taken in to be cured. They have the greatest faith in the foreign "ouinan" (doctor) and can't believe that they ever fail to cure. A little while ago a widow brought in her only son who was having hæmorrhages from his lungs and was in the last stages of tuberculosis. We can't take in patients with pulmonary tuberculosis as a rule, but his case was so urgent and he was a private patient and had a ward to himself, so we took him in until the hæmorrhage was controlled. He was a young lawyer, just graduated from the Imperial University, Tokio, one year before, and had come home to start practicing. His people had once been very wealthy and belonged to the nobility, but they had lost all and only had enough to educate him and start him in practice. When the doctor told his old mother that nothing could be done she couldn't and wouldn't believe it. She said she had heard that the Christian's God was very powerful and she used to ask me each time I went into the ward. "Do you think your God is strong

enough to restore my son?" It was very sad. So I assured her He would and she went home saying she would keep on praying. She was a heathen. The last time I heard of them the son was still alive. We told them to keep the windows open and to feed him up. Another case, a woman of 33, came in who complained of terrible pain during her menstrual periods. When the doctor examined her he found that the cervix was almost closed. It seems she was a victim of old-time ignorance. She had prolapse of the uterus and their method of treatment is to put the uterus back in place, pack the vagina with cotton, soaked in oil, and set fire to it. While it burned the woman was held. The scars and adhesions which resulted, kept the uterus up.

I have seen several cases of leprosy. It is quite interesting to realize that one can dress the sores of a leper with impunity, if one has no cuts on her hands or wears rubber gloves. It really isn't any more dreadful than a great many other things. I saw one case of Asiatic cholera. We have a great many cases of dysentery, typhus fever, Beriberi, and a malady known as "togil" (Endemic Hemaptysis) a disease which is almost peculiar to the Orient and is caused by a fluke in the lung. There is very little smallpox now. The Japanese health regulations are very strict and a great many of these maladies have almost disappeared. There is very little cholera and typhoid compared to what there was before the Japanese enforced cleanliness—and they also have compulsory vaccination. Dr. O. R. Avison, who is a Torontonion, is at the head of the Severance Hospital and Medical College, and has built up a splendid work.

Some of the old-time native remedies would be awfully funny if one didn't remember that there was a pathetic side. For example, tiger's teeth and bones is a famous tonic, the patient is supposed to have the strength of that animal after a course of horangie jak ("horangie," tiger, and "jak," medicine). A favorite remedy for rheumatism and also for pain in the stomach or abdomen is dog soup. The dog is killed and made into soup. The physiological effect on the system is this—the dog enters the remotest joint or crevice of the intestines and attacks and kills the rats which are gnawing the flesh of the patient, and, of course, the patient gets better. "What else can happen," says the old grannie who brews the "jak," "since the rats are dead?" Another dreadful method of treatment is the use of "chims," long blunt needles which are dug into the victim's body to let out the evil spirit which causes the pain. Oftentimes the results of this treatment are disastrous. We have had people come in awful conditions—caused by these "chims."

One's life isn't all hardship in the Orient. This is the capital and the society is varied and interesting. At an afternoon reception one often hears four languages being spoken in different corners of the room—English, French, German and Russian. We have good times,

too. Last winter the Han River, which is a quarter of a mile wide, was frozen solid from Christmas until the middle of February, so we had lots of skating. In the spring and autumn we have tennis and mountain climbing. We have very beautiful mountains all around Seoul. In the summer we can take the street car to the river, for we actually have street cars, electric street cars, and they run with a regularity that might make Mr. Fleming blush. The Hospital has electric lights, hot and cold water, porcelain baths, steam heating, local and long distance telephone. I heard a funny story the other day. It is true, too. A countryman came to Seoul and his heart and soul were filled with wonder over the things he saw. He went back to his country village and told incredulous neighbors that in Seoul they had big wagons driven by thunder and lightning where the people sat in and were driven from one end of the city to the other for 11½ sen. Also, he said the strangest thing of all, he had seen men going like the wind, on large spectacles. The wagons were street cars and the spectacles—have you guessed it?—were bicycles. The shops here are a never failing source of entertainment—old, old brasses and curios and dainty Japanese fabrics.

Here is an incident which may interest nurses. A woman brought in a child who had been having convulsions and the doctors, for a while, weren't sure whether or not she had an abscess or a tumor of the brain. As I had never demonstrated "mustard baths" to my junior nurses I asked the doctor if I might give this child one the next time it had a convulsion in order to impress the lesson of the week before. He said it might soothe the child a little, so I gave her one. It was very singular, but it just happened that she didn't have another convulsion after the tub and seemed much quieter and went to sleep. I was rather taken aback, however, on going into the ward about three hours after to have the mother go right down on her knees and touch her brow on the ground three times and hear her ask the gods to send blessings on my head because I had chased the devil out of her daughter. She thought the mustard bath was a religious rite. The doctor operated and found pus. There is a case on record at Severance Hospital which will sound unbelievable. A woman was in labor for a whole month before they brought her to the Hospital. I myself saw one where the labor had lasted twenty days. They brought her ninety-five miles overland in a chair. She lived, too. It is most wonderful how quickly they pick up. Things which would kill an Occidental woman hardly affect the Oriental.

I remain, sincerely yours,

HELEN FORSYTH.

New York, October 22nd, 1912.

Dear Editor:—

I shall be indebted to you if you will give me a little space for bringing to your readers' attention the forthcoming final volume of "A History of Nursing." Instead of a third volume, there are two, third and fourth, bringing the details of nursing advance closely up to date.

What I wish to impress on your readers' minds is that these two last volumes have been given to the International Council of Nurses and are to be sold for the benefit of its treasury. All royalties from their sale will go to aid that treasury. Another thing important to remember is that the last two volumes may be bought separately from the first.

The price of the two final volumes is the same as that of the others, five dollars (£1), and as this is beyond the means of many individuals, I make the following suggestions:

Let all hospitals and training schools be asked and urged to buy the history for their libraries. All the nurses' clubs and homes should do the same. Then, training school directors might be persuaded to give their most meritorious pupils copies of it as a prize or reward when they receive their certificates. Medical, as well as general, libraries also should possess it. If all these methods of pushing the sale of the third and fourth volumes were followed, especially in English-speaking countries, and if every year those nurses who are able to do so, would buy it, we should in time have a very fair income for our international treasury, which would enable us to maintain a paid secretary and to carry on international work more regularly and effectively than we can do now when all such work is volunteer, unpaid labor.

Another thing I will ask nurses to do is to have copies of the volumes of the History at all large meetings, so that it may be seen and thus advertised. This is an easy thing to do, and is useful.

The History will be procurable from all booksellers, or the publishers, G. P. Putnam's Sons, London and New York.

LAVINIA L. DOCK,

Honorary Secretary, International Council of Nurses.

GRADUATE NURSES' ASSOCIATION OF NOVA SCOTIA.

The Fourth Annual Meeting of this Association, held on September 4th, at the Nurses' Home of the Victoria General Hospital, Halifax, was largely attended.

The meeting opened with prayer by the Rev. V. E. Harris, an earnest invocation for continued blessing and prosperity.

Roll call, 114 members.

Reports from the Treasurer—Expenditure, \$26.93: bank balance, \$171.34.

The Registrar—316 calls on the Registry; Nurses' applications to register, 60; Private Nurses registered, 56.

Comprehensive reports on the year's work and on the establishment and scheme of administration of the Benefit Fund for Sick Nurses were submitted by the Secretary.

Subjects presented were:

I. State Registration in Canada.—Introduced by the President and followed by a report of progress made in the various Provinces, kindly contributed by Miss McKenzie, of Ottawa, whose several addresses have already proved so helpful to organization in Nova Scotia.

II. Nursing of Tuberculous Patients.—Dr. Miller, Superintendent of the Kentville Sanitarium, N.S., delivered a most interesting and much appreciated address, dealing with the nursing of tuberculosis in the sanitarium, in the hospital and in the home (district nursing). Statistics proved, said Dr. Miller, in reply to a question, that the sanitarium nurse showed no more liability to contract the disease than the nurse in general training, evidence, in fact, was rather to the contrary.

III. The Nurse in Private Work.—This address was delivered by Dr. Weatherbe, of Halifax, who paid a high tribute to the efficiency and the various qualifications of character and education for the success of the Private Nurse.

A vote of thanks to the speakers, to the Rev. Mr. Harris, and to the officers of the Association was proposed by Miss F. Fraser, R.N., seconded by Mrs. W. D. Forrest.

Officers elected were: Hon. President, Mrs. W. D. Forrest; President, Miss Pemberton; Local Vice-President, Miss F. Fraser, R.N.; Secretary, Miss Kirke; Treasurer, Miss McKiel.

Provincial Vice-Presidents—Miss Sheraton, Superintendent Aberdeen Hospital, New Glasgow; Miss Simpson, Superintendent of Nurses, Nova Scotia Hospital, Dartmouth; Miss Kirkpatrick, Truro General Hospital.

Directors of the Benefit Fund elected were: Miss Kirke, Superintendent of Nurses, Victoria General Hospital, Halifax; Miss Sheraton, Superintendent Aberdeen Hospital, New Glasgow; Miss McKeil, Restholm, Halifax; Miss D. Mullaney, Private Nurse, Halifax.

Trustees—Mr. Chas. Archibald, Halifax; Col. B. A. Weston, Halifax; Dr. G. M. Campbell, Halifax.

Provisional Board of Examiners Re-appointed—Mrs. W. D. Forrest, Hon. President, U.S.G.N.A.; Miss Pope, R.R.C., Superintendent of Nursing Sisters, Halifax; Miss Fraser, R.N., Superintendent Halifax Children's Hospital.

Medical Examiners, elected by the Association—Dr. M. A. Curry,

Halifax: Elected by the Medical Society—Dr. Kimble McKenzie, Halifax.

The meeting concluded with the National Anthem sung by the nurses.

THE SCHOOL NURSE.

The Canadian Public School Nurses' Association held its regular monthly meeting at the Graduate Nurses' Club, Sherbourne street, Toronto, on Monday, November 4th. After the usual business, Dr. Adam Wright gave a most interesting talk on "Public Health," dwelling particularly on contagion from flies, dust and mosquitoes. The appreciation of the nurses was shown Dr. Wright by a standing vote of thanks.

A number of the Nurses belonging to the Public School Staff of Toronto entertained their friends at the Club House, Sherbourne street, on Hallowe'en. A most enjoyable evening was spent, due regard being shown the evening, both in the amusements and the decorations.

There have been several changes on the staff of the Toronto Public School Nurses this past month. Miss Sarah Brick has resigned, owing to ill-health. The teachers of Park School showed their appreciation of Miss Brick's work by giving her a tea, at which they presented her with a pearl pin.

Miss Minnie Van Every has resigned to be married. Miss Britnell takes Miss Brick's place, and Miss Kathleen Panton Miss Van Every's.

Niagara Falls, Ont.—The work is progressing slowly, but surely. There are 1,140 children in the schools. Five schools are equipped with a card system, paper towels and a good supply of drugs. Arrangements are being made to have a dental chair in one of the school offices where the poor children may be treated. We hope soon to have a dispensary at the General Hospital.

An order has been passed at Washington, effective immediately, abolishing the public drinking cup from railroad cars, vessels and other conveyances operating in interstate traffic and from depots and waiting rooms of common carriers. This is the direct result of an investigation by the United States Public Health Service.

New Zealand, by the Mental Defectives' Act, has made provision for the permanent care and control of the feeble-minded.

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Editorial

THE RIGHT TRAINING SCHOOL.

So often nurses who have been trained in a small private or special hospital come seeking recognition by the profession, and only when this is denied do they realize that their training has been inferior and that, after all, they cannot claim first rank. The pity is that *after* the two or three years' hard work is over these young women realize they have no professional standing, and realize, too, that it is reasonable that this should be denied them.

Should this state of affairs be allowed to continue? Can Graduate Nurses' Associations not do something towards placing information within the reach of young women who desire to study nursing that shall enable them to make wise choice of a training school? Can the Canadian National Association of Trained Nurses not do something along this line that will be really helpful?

Of course some may say that these young women should bestow more thought on the subject before any decision is made, should use their common sense in selecting a training school. A young man who specialized in some branch of medicine (if that were possible) and then sought to be recognized by the medical profession as a doctor in good standing would not be considered sane. Yet young women repeatedly do this very thing and then are disappointed when the nursing professions refuses to grant them recognition.

What constitutes a thorough training, and will I be properly fitted to take up the great and noble work of nursing if I train in this school, are questions which should be carefully pondered.

Something will surely be done to help these young women, something must be done. What will it be?

A STEP FORWARD.

The Pacific Coast Journal of Nursing for November tells of the splendid progressive work done by the Superintendents' Society of the State of Washington. To better prepare young women to take up the study of nursing is one of the aims of this Society. This journal says:

"The Hospital Superintendents' Society of the State of Washington is laying foundations for high school preparatory study for nurses that bids fair to do the organization great credit and offer to the established training schools of the State young women who on entering the hospitals will be at once receptive and of value to the school."

"Mrs. Agnes R. Fletcher, Superintendent of the Tacoma Conta-

gions Hospital, has been appointed by the society to act with the City School Superintendent in preparing for this new work, and the society will arrange a curriculum at its November meeting. The high schools of Seattle, Everett and Bellingham have agreed to follow the plans mapped out by the State Superintendents' Society. This is indeed welcome tidings to convey to the nurse educators of these United States. We are proud of those progressive superintendents in Washington and grateful to the public school authorities for recognizing and acceding to this new demand for public school education."

A FLORENCE NIGHTINGALE MEMORIAL.

What form a suitable memorial to Florence Nightingale, the Foundress of Nursing, should take has for some time been a subject for discussion among nurses. One that would be educational in its nature and would be helpful to nurses who sought better educational advantages has always been favored.

The proposal made at the Congress at Cologne by Mrs. Bedford Fenwick will meet with generous approval from nurses everywhere. What could be so fitting as an international memorial that provides educational advantages for the very women in whom Florence Nightingale was always so keenly interested and for whose welfare she planned and worked indefatigably.

The American Journal of Nursing, speaking editorially of this proposal, says:

"A proposal that may have far-reaching influence was that made at the Congress in Cologne to found an international memorial to Miss Nightingale and to make this memorial an educational opportunity for nurses, such as that founded here by the American Nurses' Association in honor of Mrs. Robb and that undertaken by the League of St. Bartholomew's nurses in memory of Miss Stewart. To us it seems that no other memorial is so fitting and expressive, coming from nurses to honor their great leader, as one of a living character, founded on educational lines, which makes it possible for oncoming women to gain the best in professional knowledge and wide culture, and to perfect themselves in advanced or special spheres of work. Miss Nightingale was prepared for her life work by an unusually liberal and scholarly culture, by a rich knowledge of the world, by knowledge of foreign languages, by wide reading. Upon this foundation she built her years of study of hospital and nursing conditions. With her, truly, knowledge was power, and it must be equally so with the great nurses of the future. We have seen in this country that fast multiplying demands for nurses for new lines of work have necessitated educational facilities on new lines to fit them for these calls. Other countries are having a similar experience. Germany

promises to be the next in line with special opportunities for nurses' education on advanced lines of work, with the expected early development of courses in pedagogy, administrative nursing work, and social service in the *Frauen-Hochschule* in Leipzig. Here, it is intended to open such a door as we have at Teachers' College.

"The plan for an international memorial, as presented by Mrs. Fenwick, would be to found a chair of nursing in connection with some educational institution in London, a scheme so in harmony with the genius of Miss Nightingale that it should be carried to triumphant completeness."

The Report of the Cologne Congress, which has appeared in the two previous issues and which we were permitted to copy direct from *The British Journal of Nursing*, the official organ of the International Council of Nurses, by the courtesy of the Editor, will have given our readers a very clear idea of the many important subjects that received attention at that notable Congress.

Have you any opinions to express or particular lessons you wish to emphasize? If so, we shall be pleased to hear from you.

TUBERCULOSIS DAY.

Sixty thousand churches in the United States observed October 27th as tuberculosis day. Organizations which are fighting the tuberculosis plague selected this particular day as one on which special efforts should be made to arouse public interest in the prevention of the disease. Prominent clergymen in nearly every large city of the country have agreed to bring to the attention of their congregations the question of prevention of consumption and to suggest ways and means by which church-goers may co-operate in the national campaign against the scourge. In this year's observance of the day it was planned that emphasis be laid upon the growing evil of the use of fraudulent remedies for the cure of tuberculosis.

My Scallop Shell of Quiet

THE BEATITUDES.

“If we estimate character more by the standard of Christ’s Beatitudes than what we short-sightedly call ‘results,’ we shall find some of the sublimest fruits of faith among what are commonly called passive virtues:—

“In the silent endurance that hides under the shadow of great affliction; in the great loveliness of that forbearance which ‘suffers long and is kind’; in the charity which is not easily provoked; in the forgiveness which can be buffeted for doing well and take it patiently; in the smile upon the face of diseased and suffering persons, a transfiguration of the tortured features of pain brightening sick rooms more than the sun; in the unostentatious heroisms of the household amid the daily dripping of small cares; in the noiseless conquests of a love too reverential to complain; in the resting on the Lord and waiting patiently for Him.”—Bishop Huntington.

LOST OPPORTUNITIES.

When the last hour of youth is gone, with its opportunities for preparation neglected and unimproved, there is nothing that can be done to repair the harm. “Some things God gives often.” The seasons return again and again, and the flowers change with the months; but youth comes twice to none. Thus each period of life has its own closing, its last hour, in which work is ended, whether well done or neglected. Indeed, we may say the same of each day: its end is the closing of a definite season through which we can never pass again. We may think of each single day as a miniature life. It comes to us new; it goes from us finished. There are three hundred and sixty-five days in a year. The only way to have a well-finished year is to finish the tasks and duties of each day as it passes. A marred or a lost day anywhere along the years may lead to loss or even some sore misfortune afterwards.
—*Catholic Register.*

The
Guild of



Saint
Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

“There are other qualities necessary for the really good nurse. For us (doctors), and for you alike, they are the same: quick, unobtrusive sympathy, unwearying kindness and patience, cheery self-forgetfulness and ingenuity of thoughtfulness. The business of our lives is just this: To be to every individual sufferer under our care all that we can be; to do all, even the very least, that can be done, and to do it in the simplest, kindest way. It is to catch the spirit of the Good Physician, and to live amongst the sick “as He that serveth.” It is yours to be, in literal truth, the servants of the sick, and in the simple performance of your daily duty to reveal to men, it may be, something of the patient tenderness, the willing self-effacement, the loving kindness of Christ.

For see: Himself conceived of Life as Love

Our Life with all it yields of joy and woe
 And Hope and fear.

Is just our chance o' the prize of learning Love.’”

The author of this quotation—Dr. Oswald Browne—took a keen and active interest in the Guild of St. Barnabas, and, until his death in 1908, was found on the platform of the Holborn Town Hall every year at the Annual Festival, where his speech was always looked forward to as one of the most welcome features of the evening. It was through his zeal that the Students' division of the Guild was started and maintained.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Mrs. Tilley, 82 Roxborough Street W., Toronto; Second Vice-President, Miss G. A. Read, 772 Hellmuth Avenue, London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss L. L. Rogers, R.N., 10 Geoffrey Street, Toronto. Directors:—Miss K. Mathieson, Riverdale Hospital, Toronto; Miss Eastwood, 206 Spadina Avenue, Toronto; Mrs. Paffard, c-r 36 Yonge Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 113 Delaware Avenue, Toronto; Miss Julia Stewart, 12 Selby Street, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Mrs. Yorke, 400 Manning Avenue, Toronto; Miss Eunice H. Dyke, R.N., 74 Homewood Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Janet Neilson, 295 Carlton Street, Toronto; Miss A. I. Robinson, 295 Sherbourne Street, Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Miss Janet G. McNeill, 505 Sherbourne Street, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss A. Carnochan, 566 Sherbourne Street, Toronto.

Conveners of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-laws, Miss Dyke; Press and Publication, Miss Rowan. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

The regular monthly meeting of the Executive was held at the Toronto Graduate Nurses' Club, Sherbourne street, on Wednesday, November 6th. In the absence of the President, Mrs. Yorke occupied the chair. There was a fair attendance. Miss Smith, Chairman of the Hamilton Chapter, was present and gave a short account of the work mapped out for the winter. An excellent programme has been arranged, which will be both interesting and profitable.

We are glad to be able to report the organization of the second Chapter at London, Ont., with Miss Read, Second Vice-President, as its Chairman, Miss Rankin, Vice, and Miss Lyons, Secretary-Treasurer. We welcome this Chapter and wish it every success in its work.

The Florence Nightingale Post Cards are kept in stock and may be obtained at any time from Miss Ewing at the Club, 295 Sherbourne street.

There are also some Sairy Gamp Calendars for sale at twenty-five cents each. Apply to the President or to Miss Ewing.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL.

President, Miss B. M. Simpson, Assistant Superintendent, Hamilton City Hospital; Vice-President, Mrs. Newson, 87 Pearl Street North; Recording Secretary, Miss M. E. Dunlop, 175 Charlton Ave. East; Corresponding Secretary, Miss E. F. Bell, 274 Charlton Ave. West; Treasurer, Miss A. Carseallen, 64 Emerald St. South.

Executive Committee—Miss L. O. Watson, 423 Main St. East; Miss C. E. Flock, 238 Robert St.; Miss A. E. McDermott, 10 Stinson St.; Miss M. McEachern, 143 James St. South; Miss M. L. Hannah, Mountain Sanitorium.

Regular meeting first Tuesday, 8 p.m.

Miss Van Velzer has accepted a position in Dr. Hick's Hospital, Port Dover.

Miss Ada Walker has accepted a position as Assistant Superintendent of the Lady Minto Hospital, Minnedosa, Man.

Miss Betty Aitken has returned to the city to do private nursing after an extended trip to Alaska and other Western parts.

Miss Mary Aitken has returned to the city, having spent the summer with her parents near Teeswater.

Miss Kate Madden, Superintendent of Nurses, H. C. H., spent Thanksgiving in Toronto.

The Class of 1914 entertained the Graduating Class at a Masquerade Ball at the Nurses' Residence, City Hospital, October 31st, which proved a great success. The lecture room was artistically decorated with the class colors, yellow and black. The prizes were awarded to Mrs. Dr. Langrill, dressed to represent a witch, and to Miss L. Burke, dressed as a "kiltie."

Miss Searlett and Miss Dewey have returned from the North, having spent a pleasant holiday at the former's home.

The friends of Miss Anna Kells will be pleased to hear she is improving, having recently undergone an operation at the H. C. H.

Miss Ethel Brennan has returned to the city, having spent the summer months in the West.



THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay, The Poinciana, Sherbrooke St. W.

Secretary—Miss Forteseue, 611 The Lindsay Bldg., St. Catherine St.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 112 Mansfield Street, first Tuesday, 8 p.m.

At the meeting on Nov. 5th, Miss Helen Des Brisay gave a most interesting account of the Pageant at the Cologne Congress.

Miss Des Brisay appeared in the costume which she had worn at the pageant. The dress was a copy of that worn by Jeanne Mance, the foundress of the Hotel Dieu, who accompanied Maisonneuve on his expedition to Canada.

The sombre black gown, with its little shoulder cape, only relieved by the apron and little skull cap, which were of white muslin, inspired both respect and confidence, but was a striking contrast to the more hygienic costume of the modern nurse.

After the reading, Miss Des Brisay gave some entertaining reminiscences of her visit to the city of Cologne and its environs.

The Child Welfare Exhibition proved most successful, the closely-crowded hall testifying to the interest taken in the movement.

A special vote of thanks, moved by Lady Allan and seconded by Mrs. W. R. Miller, was tendered to the nurses of the Association who assisted at the Maternity section. The nurses were the Misses Fraser, Hays, Mercer, O'Donnell, O'Leary, Wilson, and Miss Maude Welch, and were superintended by the President, Miss Phillips.

On Monday, Dec. 2nd, at 8 p.m., Dr. Helen MacMurehy will give a lecture on the "Mentally Deficient Child." (N.B.—Members will note that the date of this lecture is the first Monday in December, instead of the usual Tuesday.)



Canada is full of interesting places and people, and for those who are weary of the commonplace, of the monotony of the daily, weekly, yearly round, there is nothing so wholesome, nothing so beneficial, as to strike out into one of the new or secluded parts of Canada.

The Victorian Order is always coming upon such, and all of the interesting things seen and heard in the course of a year would fill a volume.

One of the most fascinating parts of Canada, a part, too, which holds within itself so many of the early beginnings of history, is the Cariboo. Let those who are seeking a real holiday, different from all other holidays, who are feeling "flat, stale and unprofitable," from any cause whatever, hie them into the Cariboo for a season and be made over. To do it aright, the holiday-seeker should arrange to arrive at Ashcroft in the small hours of the morning, thinking he is going to start at 4 a.m. (He should keep up the delusion, but, as an aside, if he get well started by 8 a.m. he will be doing well!) As he alights from the train into the night, he begins gradually to see the weird mountains and hills, showing white in the dim light, and along the roadway, huge prairie-schooners, freighters, are drawn up, awaiting the first peep of dawn, when the horses, six to ten in number, will be attached and "drag their slow length along." These freighters, with their high white tops, are part and parcel of the scenery of the Cariboo.

The journey may be made by stage or by motor, and from the moment you start until you bid a longing farewell to the Cariboo, you are entertained by all kinds of unusual things. Usually, in a load of passengers, there will be at least one who is a character, and, not infrequently, you get a whole load of them.

The scenery is different from that in any other part of the world; the grey hills and mountains, with their odd formations, the boulders along the road, with the peculiar markings, the beautiful lakes, with their lovely colorings, the dense forests, the canyons and the beauti-

fully fertile ranches in the valleys, all make the scenery so varied that there is no time to grow weary. The wild things along the road lend a charm: chickens, grouse, rabbits and bears, deer, moose and the bluest of blue birds. The road houses are very interesting, where you stop for meals or overnight. Some of them are so spotlessly clean, the meals are so good, and you feel quite at home: some are hopeless. The chauffeurs know the good ones and plan to stop at them.

And, all the time, things are passing: lumbering freighters, winding in and out among the hills, motors, horsemen, stage-coaches, herds of cattle, hundreds of head of fierce-looking beasts, Indians, Chinamen, funny-looking miniature freighters, driven by squaws, calmly smoking their pipes. So the endless chain goes on.

If the journey runs into the night, as it often does, it is most interesting to see the Indians around their camp-fires, which make a most beautiful picture, full of color, to catch a glimpse of the interior of the little homes, when the mind unconsciously weaves little romances about the inmates and one wonders if they are happy. One comes across many tragedies in that North Land. An old man came down in one of the motors. He had been up there for some 40 years. He and his wife had lived apart for 20 years, but she was very ill and was going to join him for the last lap of life's journey. He was on his way to meet her half-way, but at one of the stopping places a message was given to him, stating that his wife had passed away on her way up. As I sat by the old man, I could not help wondering what his thoughts were and the refrain kept coming to me: "Oh, the arid waste of those twenty years."

There are some bright little towns along the road: Clinton, 150 Mile, Soda Creek, from which the boats for Quesnel and Fort George leave, Quesnel and Barkerville. Quesnel, with its beautiful situation and surroundings, is a progressive little town. The hospital there, situated on the banks of the Fraser River, is in affiliation with the Victorian Order. Barkerville is the old town of the 1862 gold rush, and is very interesting. It is old and it looks the part. One longs to tarry there and study the old things. The whole country up there holds all kinds of minerals and when the railway goes in a great deal will be heard of that wonderful part of the country. One old prospector said to me: "In a few years Barkerville will be the only place on the map!" And he meant every word of it.

The little hospital, built in 1862, is to be affiliated with the Order. It will be splendid to have the railway in there, but for deep enjoyment and satisfaction, make your trip before the advent of the steel, and be sure to have at least one moonlight night on the road. The Cariboo is beautiful at any hour, at any season, and in any weather, but would you carry away with you a feeling of enchantment, of holy calm and a memory of exquisite beauty, see the Cariboo by moonlight—and live.

HOSPITALS AND NURSES.

Sister Mary Stanislaus Joseph, the chief and the sole survivor of the devoted band of Catholic Sisters of Mercy who assisted Florence Nightingale in her wonderful work of nursing during the Crimean war, recently celebrated her ninetieth birthday in the Convent of St. John and St. Elizabeth, St. John's Wood, London, England. The heroic nun has become deaf and her sight is failing, but otherwise her health and spirits are excellent.—*Catholic Register*.

Out of a class of thirty graduating nurses at the New York City Hospital, Blackwell's Island, last week, Miss Anna Kelly, of Peterboro, Ont., was, in addition to her diploma, presented with a medal for highest proficiency in her class, and also for excelling in general technical knowledge. Miss Kelly was educated at Loretto Abbey, Toronto. A number of Canadians were present at the graduating exercises who are justly proud of Miss Kelly's success.

Miss Mildred Wilson, Graduate of Toronto Western Hospital, has taken a position as Day Supervisor of the Private Wards in Grace Hospital, Detroit.

The many friends of Miss Agnes Fitzgerald will be glad to know that she is recovering from a recent operation at St. Michael's Hospital, Toronto.

Miss A. Macfarlane, late Lady Superintendent of the Vancouver General Hospital, has had to make a hurried trip east, owing to the illness of one of her sister's children. Miss Macfarlane will spend the winter at Montreal, Que.

Miss Ella MacLean, Graduate of the Toronto Western Hospital, Class '09, who has been assistant superintendent of the Home for Incurables for the past year, has taken the position of Superintendent of the Orthopedic Hospital, Bloor St., Toronto.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held at 24 Rosebery Avenue Friday afternoon, November 1st. The president, Mrs. MacConnell, occupied the chair. The members present were reminded of the Bazaar on November 20th in aid of the Nurses' Club. Dr. Wilson gave a very instructive talk on "Danger Spots for Nurses."

The graduating exercises of Nicholls Hospital, Peterboro, Ont., were held in the Assembly Hall of the Collegiate Institute on June 18th. The graduates were: Miss Reid, Miss Mann, Miss Rosamond, Miss Telford. A reception was held afterwards at the Hospital, and a most enjoyable evening spent.

At the thirty-first monthly meeting of the Vancouver General Hospital Alumnae Association, held on Tuesday, October 2nd, at 8 p.m., the President, Miss Hart, announced that the card system had been inaugurated for the V.G.H. Register, in accordance with the decision of the last meeting of the Alumnae. Much satisfaction is anticipated from this up-to-date method. It was unanimously decided that the Alumnae should present flowers to the graduating class. When business was disposed of, a pleasant social half-hour was spent, aided by selections on the handsome Victrola belonging to the Nurses' Home.

St. John's, Newfoundland:—Miss Bowden has been appointed Assistant Nursing Superintendent in the General Hospital; Miss Redmond, Night Superintendent; Miss Cullian, X-ray Operator and Anaesthetist; Miss Powell, Matron, and Miss Caslein, Sister-in-Charge of the new Nurses' Home.

The new General Hospital, Smith's Falls, Ont., which was erected at a cost of \$50,000 by the citizens, was formally opened on the afternoon of October 17th by Hon. W. T. White, Minister of Finance. Hon. A. J. Mathieson and Senator Derbyshire were among the speakers. A large gathering of interested speakers were present.

Miss Gallagher, Assistant Superintendent of the Vancouver General Hospital, has accepted the position of Lady Superintendent of the Moose Jaw Hospital, Sask. Miss Gallagher will begin her new duties on the first of November.

The members of the Vancouver Graduate Nurses' Association gave their first dance this season in Lester Hall recently. Although not a large dance, it was a very pretty, pleasant affair. There were about 185 present. The music was furnished by Harpur's Orchestra. A number of prominent ladies acted as patronesses, and the stewards were drawn from the ranks of the younger medical men. Supper was served about midnight in the supper room downstairs.

The Board of Governors of the Kingston General Hospital have found it necessary to erect a new wing (now in course of construction) to meet the pressing need for greater accommodation for patients. In order to supplement the amount subscribed, the Ladies' Aid Society was asked to raise a certain sum. The Society responded by inaugurating a fair, called "The Festival of Empire," which was successfully carried out, and the amount asked for more than realized. The Festival was held in the Armories, which presented a very pretty appearance. The booths were very prettily decorated and were well patronized. Great interest was shown by the citizens of city and township, many generous donations being received by those in charge.

The N. L. A. booth represented the Hospital, and looked very pretty decorated in the Hospital colors of red and white. The officers of the N. L. A., Mrs. Crothers, Mrs. Nickle, Mrs. Campbell, Miss Draper, were untiring in their efforts to make the booth a success. They were assisted by a number of the graduate nurses of the Alumnae. Special mention must be made of the energetic work done and lively interest taken by the nurses-in-training at the General Hospital.

The Grand March on the last night of the Festival was led by a good representation of the Nurses' Alumnae, followed by the nurses-in-training, and added much to the enthusiasm expressed by the spectators for the Hospital.

The Nurses' booth realized \$373.85. The amount realized by the Festival, clear of expenses, was \$11,900.00.

The twelfth annual meeting of the Nicholls Hospital Alumnae Association, Peterboro, was held in the parlors of the Y.W.C.A. on October 2nd, 1912. The former officers were re-elected, namely: President, Miss F. Dixon, 501 Water St.; 1st Vice-President, Miss M. Brown, 298 Pearl Ave.; 2nd Vice-President, Miss M. Dickrill, 141 Rubidge St.; Secretary, Miss B. Mowry, Supt. Queen Mary Hospital; Treasurer, Miss E. Davidson, 563 Park St.; The Canadian Nurse representative, Miss M. Ferguson, 476 Bon Accord St.

Two delegates were sent to the ninth annual meeting of the Graduate Nurses' Association of Ontario, held in Hamilton, May 24th.

In the absence of Miss Gordon, Miss Mowry read both reports, which were most interesting and enthusiastic.

Very pleasant memories of the discussions listened to, and the delightful entertainment given them, linger with the delegates.

During the year some changes have taken place in the Nicholls Hospital. Miss De La Mater, Superintendent, resigned, taking charge of a smaller hospital in Petrolea. She was succeeded by Miss Beamish, Assistant Superintendent, formerly in charge of the operating room in Atlantic City General Hospital. Miss May Smith, of Atlantic City General Hospital, is now the Assistant Superintendent.

Miss Cahill, Graduate of St. Michael's Hospital, Toronto, has recovered from a serious illness and left for Vancouver, B.C., to take up private nursing there.

Miss Dunn, St. Michael's Hospital Graduate, has gone home for the winter.

Miss Power, St. Michael's Hospital Graduate, has taken over the Lyndhurst Hospital, College street, Toronto. Her many friends wish her success.

Miss Gordon-Miller, St. Michael's Hospital Graduate, is recovering from an operation for appendicitis at St. Michael's Hospital.

The first meeting of the season of the St. Michael's Hospital Alumnae was held October 14th, at the home of the President, Miss Connor. Reports of the different committees were read and were very satisfactory. A record number were present. The meeting wound up with a social cup of tea. An "At Home" will be held some time in November.

A new wing is to be added to Niagara Falls, Ont., General Hospital, to cost about \$30,000.

Miss Mary Layton, Matron of the Rolland Boswell Hospital, Vegreville, Alta., spent the month of October in Vancouver, B.C.

The Nurses of Guelph General Hospital Alumnae Association held their annual picnic in September. It had been postponed several times awaiting the pleasure of the "weather man," and finally had to be held indoors at the home of Mrs. A. Anderson, who is always ready to help out of a difficulty. There was a large attendance, as the members wished to honor one of their number, Mrs. Robert Hackney, who was soon to leave them and join her husband in Edmonton, Alta. The Alumnae asked Mrs. Hackney's acceptance of a dainty broach, accompanied with their good wishes and many regrets at parting with one from whom the Association had received many kindnesses.—J. E. A.

The first meeting for the season of the Alumnae Association of the Hospital for Sick Children, Toronto, was held at the Nurses' Residence on October 10th. In the absence of the President the chair was occupied by Miss Ewing. A Committee was appointed to arrange for the publishing of a revised edition of the Invalid Cook Book. A Committee was also appointed to assist Miss Hill in distributing cards for the Heather Club "Mite of Silver."

Miss McKenzie, Superintendent of the Toronto Graduate Nurses' Club, asked the members for contributions for the Bazaar to be held on November 20th. One new member was received.

The Graduating Exercises of the General Hospital, Guelph, Ont., were held in the Nurses' Residence on October 16th, when fifteen nurses received the diplomas.

Dr. Bruce Smith, Inspector of Hospitals for Ontario, gave a splendid address to the Graduating Class, after which he presented to Miss Ingles, on behalf of the Alumnae Association of the Hospital, a case of instruments for taking the highest percentage in the examinations (91 per cent.).

Dr. Howitt administered the Hippocratic Oath and presented the diplomas. Dr. A. MacKinnon presented the badges. Addresses were also given by Rev. Mr. Fitzpatrick, Dr. Groves, of Fergus, and ex-Mayor Nelson.

Several songs and pianoforte solos were given in a most efficient style and the whole ceremony passed off most successfully. Refresh-

ments were served by the pupil nurses, and a very enjoyable social hour spent. A pleasant feature, not on the programme, was the presentation of a most beautiful bouquet of chrysanthemums to the Lady Superintendent by the Graduating Class.

The Graduates are:—Elizabeth H. Ingles, Selkirk, Scotland; Alice L. Trusdale, Waterford, Ont.; Ethel Steele, Guelph, Ont.; Janet A. Haggart, Parry Sound, Ont.; Florence M. McEachren, Cotswold, Ont.; Grace Small, Elmira, Ont.; Hazel M. Herrlick, Woodstock, Ont.; Olive J. Griffin, Fergus, Ont.; Eva D. Grieve, Newcastle, Ont.; Ella M. Beck, Gaspé, Quebec; Annie G. Moore, Guelph, Ont.; Lillian V. Ferguson, St. Mary's, Ont.; A. Catherine Arkell, Arkell, Ont.; Mary S. Robertson, Milton, Ont.; Amy L. May, Hornby, Ont.

The new Public Hospital, Smith's Falls, Ont., was opened on Thursday, October 17th, by Hon. W. T. White, Minister of Finance. The great interest in the Hospital was manifest by the large and enthusiastic audience.

The Smith's Fall's Record says:—"The speaking was from the front balcony. The Harmony Band occupied the upper balcony and rendered excellent music during the afternoon. An enjoyable feature of the day was the luncheon given by the directors at 12.30 o'clock. It was served by the Woman's Auxiliary in a large basement room in the hospital and proved to be a decidedly pleasant affair. The opening was prefaced by devotional exercises led by Rev. Dr. Stobo, Rev. F. C. Bliss, Rev. E. W. Mackay, Rev. Mr. Boudreau, of Merriekville, and Rev. D. N. Coburn. Rev. Mr. Bliss offered the dedicatory prayer. Mr. Frank Whitecomb, President of the Board of Directors, referred briefly to the work of erecting the hospital and vocalized the feeling of pride and satisfaction that was in every heart that day on the completion of the undertaking. He spoke of the spirit of unity and enthusiasm that had characterized the enterprise, the great interest that the workingmen of the town had taken in it and of the splendid work of the ladies.

"Colonel Balderson, of Perth, was introduced, and offered his congratulations to the people of Smith's Falls on the completion of so great an undertaking. When he had finished, Dr. Stobo, the official trumpeter, called out through his trumpet that Mr. Balderson had given \$1,000 for the hospital.

"Mayor Foster spoke of the growth of the town and called it the best in Canada, then he added the United States. He was glad to see Smith's Falls with so fine and commodious a place of healing. The announcement was made that he also had given one thousand dollars.

"Hon. W. T. White, Minister of Finance in the Dominion Government, gave a masterly address. He said he was delighted with the new hospital which he understood was the result of the united effort of all

the citizens and spoke of it as the people's hospital. He referred in appreciative words to the generous gift of the beautiful site by Mrs. Chambers and to all the liberal contributions they must have had to make such a building possible. He spoke of the great advance in the science of medicine and in surgery and of how much suffering we were now saved in certain cases. Hospitals, he said, were doing a great work in the world and he congratulated Smith's Falls on the generous philanthropic spirit that had made such a hospital possible. He formally declared the building opened and at the same moment Mrs. Chambers turned the key in the lock and threw open the doors..''

Other speakers were Mayor F. W. Hall, Perth; Hon. J. A. Mathieson, who had been present at the laying of the corner-stone; Dr. Bruce Smith, Toronto; Senator Taylor, Gananoque; Dr. Hanna, Perth; Mr. G. H. Frost, who, in addition to the \$6,000 already given, gave an endowment of \$15,000. The C. P. R. has promised \$200 per year. The very generous contributions made it possible to open the hospital almost free of debt and with a substantial assured yearly income.

The Executive Committee of the Graduate Nurses' Association of British Columbia met in Victoria on November 2nd to discuss the Bill which has been prepared by the Bill Committee, and to finally pass the Constitution and By-laws.

The Victoria Nurses' Club gave a reception in the Alexander Club for the Executive.

The Vancouver Graduate Nurses' Association gave a "Cinderella Dance" in Lester Hall on Wednesday evening, October 16th. This dance has been arranged for the purpose of raising money for the Sick Nurses' Benefit Fund.

An organization which is doing a great deal in a quiet, unassuming way is the Girls' Auxiliary of the Vancouver General Hospital. It is a small organization, but its members have the best interests of the Hospital at heart, and during the year they have aided the institution financially by the sum of \$1,503.71. The Annual Meeting of the Auxiliary was held in October, and the reports of the President and Treasurer show what the Auxiliary has been able to accomplish. Miss Shover, who has been President of the Auxiliary for three or four years, read a splendid report. She summed up the work of the Auxiliary as follows:

There were a variety of entertainments given by the Auxiliary during the season through each of which a very substantial sum was raised. This enabled the members to continue their work of previous years which is to make the Vancouver General one of the best equipped hospitals in Canada. The various undertakings of the members included the Annual Autumn Dance on November 24th, the sale of Red Cross Christmas seals for use on Christmas packages, a Lenten Musicale in the

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

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Representative "The Canadian Nurse"—Miss Rowan.

Regular meeting, second Tuesday, 3 p.m.

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Representatives on Central Registry Committee—Miss W. Ferguson, Miss C. A. Mitchell.

Representative "The Canadian Nurse"—Miss Lennox, 107 Bedford Rd.

Regular meeting, First Friday, 3.30 p.m.

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Board of Directors—Miss Isabel O'Connor, 596 Sherbourne St.; Miss Crowley, 853 Bathurst St.; Miss O'Brien, 570 Sherbourne St.

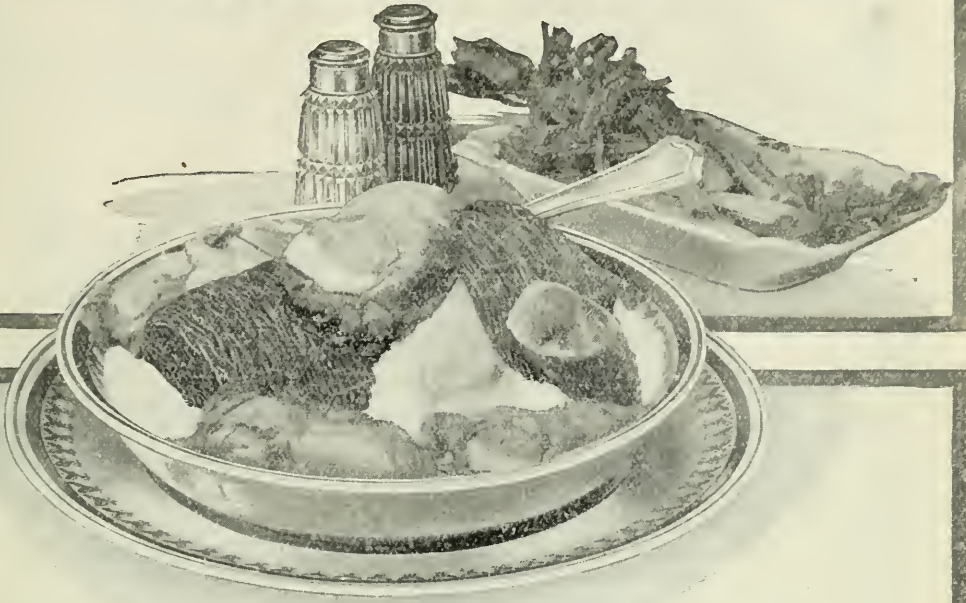
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Press Representative—Miss M. Gray, 505 Sherbourne St.

Representatives on Central Registry Committee—Miss McCuaig, 7 Bernard Ave.; Miss Gray, 505 Sherbourne St.

Representative, "The Canadian Nurse"—Miss G. A. Gowans, 5 Dupont St.

Regular Meeting—Second Thursday, 3.30 p.m.

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President, Miss Mathieson, Superintendent; Vice-President, Miss J. G. McNeill; Secretary, Miss Annie Day, 86 Maitland St.; Treasurer, Miss M. Fogarty, corner Pape Ave. and Gerrard St.; Executive Committee, Misses Hallett, McFadyen, Stretton, Mannering and McLellan.

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Representatives on Central Registry Committee—Misses Pigott and Semple.

Representative "The Canadian Nurse"—Miss J. G. McNeill, 505 Sherbourne St.

Regular Meetings—First Thursday, 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, R.N., 295 Sherbourne St.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, R.N., 113 Delaware Ave.

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Representatives the Central Registry—Misses McKenzie and Pringle.

The Canadian Nurse Representative—Miss VanEvery, R.N., 116 Fermanagh Ave.

Regular meeting, first Tuesday.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

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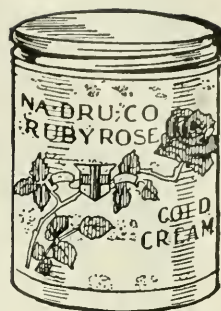
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Tea Rooms at the Horse Show Building during the Annual Horse Show in April, and the Annual Mayflower Dance on May 3rd.

Besides the efforts for financial aid, the girls endeavored to give some personal pleasure to the patients through the entertainments which it is their custom to hold at the Hospital on Christmas Eve and again on Easter Eve, and by providing books and magazines for each of the wards.

With the funds at their disposal the Auxiliary purchased during the season a number of important additions to the Hospital equipment. In December the order was given for six ward dressing carriages, one improved wheel stretcher, one wheel chair, an electric headlight which is very essential at some times in the operating room, an operating table of the latest improved type. The operating table purchased by the Auxiliary three years ago is in perfect condition, but the increase in the amount of surgical work done at the hospital makes it necessary to have both operating rooms fitted with most modern equipment. The demand upon these rooms has become so great during the last few months that, at the meeting in September, it was voted to purchase a third table, a duplicate of the one bought in December. In February the Auxiliary ordered another patent bed for placing patients in the Fowler position. Four of these have already been purchased by the Auxiliary and found very satisfactory. In March a bookcase of three sections was placed in Ward G. At the last meeting of the season, it was voted to purchase, besides the operating table already mentioned, three sterilizing outfits for three of the surgical wards, and another wheel stretcher or patient's carriage.

Probably one of the steps taken by the Auxiliary that will be interesting to the general public is the establishing of a telephone information bureau at the hospital. At the recent investigation, the complaint was made of insufficient and incorrect answers to inquiries as to the condition of patients in the hospital. The only way to overcome this difficulty is to employ a competent person, whose duty shall be to have the complete list of patients, to keep informed during the day as to their condition and to be able to answer intelligently all inquiries made by friends. The Girls' Auxiliary purpose financing this information bureau until such time as the Board of Directors can see their way clear to add the expense to their regular list.

The Federal Government of Australia now provides a maternity grant of \$25.00 for each child born and registered in the Commonwealth.

The corner-stone of the Empire Wing of the General Hospital, Kingston, Ont., erected at a cost of \$40,000 by the people of Kingston and district, was laid recently by B. W. Robertson, a Governor of the institution for the past thirty years. Addresses were delivered by Hon.



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W. H. Hearst, Dr. A. E. Ross, M.P.P.; Mayor Hoag, J. A. Minnes, Lieut.-Col. Duff, F. G. Lockett, Chairman of the Governing Board, and others.

An addition, to cost \$25,000, is being built in the rear of the Hospital for Sick Children, Toronto. The building will be two storeys and of brick.

Thirty-one thousand dollars has been raised by the Town of Cochrane, Ont., towards a \$50,000 hospital, which will be erected some time within the next year. Mayor Carter has been in Toronto and has arranged to have the hospital funds and the equipment promised to Porcupine come to Cochrane. This includes \$20,000 in money, equipment valued at \$10,000, and about \$1,000 raised by subscription by Mayor Carter in Toronto. In addition to this the Timiskaming and Northern Ontario Railway has given a site at the north end of the town extremely suitable for a hospital.

Immediately upon the close of the Annual Meeting of the General Hospital, Sarnia, Ont., the ceremonies in connection with the graduation of the nurses were proceeded with. The class for this year is:—Miss Annie M. Tuckley, Stratford; Miss Estelle Morelock, New Hamburg; Miss Margaret Marshall, Barrie; Miss Sarah Catharine Brown, New Moncton; Miss Ettie May Element, London.

Rev. J. R. Hall opened the ceremonies with prayer after which the Alexandra Orchestra played a selection.

Dr. Maclean then administered the Florence Nightingale Oath to the Graduates.

Mayor John McGibbon presented each Graduate with her diploma and her gratuity of \$20 in Canadian gold coins.

Miss M. Mackenzie pinned on each Graduate her medal and pin.

Mrs. Laughlin rendered a beautiful solo, and A. W. Mills and A. L. Parsons sang a duet that was much appreciated.

Bouquets were presented to the nurses by little Miss Margaret Mackenzie and little Miss Eileen Cook.

Rev. W. H. Barraclough made the speech of the evening in his address to the Graduates. It is to be hoped that the fatherly and kindly advice he gave to them will be long remembered and acted upon.

Dr. McDonald addressed the nurses with a few practical remarks, and then strongly advocated a Nurses' Home, giving conclusive reasons for such an addition to the hospital. After his address the nurses presented him with bouquets of roses.

Dr. Maclean spoke of the necessity of an isolation ward or wards for contagious cases.

The National Anthem was then played by the orchestra and sung by the entire audience, and the meeting adjourned.

"remember it should be moist and it should be hot" was the final dictum of a well known Neurologist in referring to the treatment of Neuritis. Antiphlogistine has proven the most serviceable, satisfactory and convenient form of utilizing heat and moisture as a therapeutic agent and since heat must be continuous to be effective, the advantages of this well know product are forcibly apparent.

It holds its thermic value for hours without subjecting the patient to the annoyance and danger of exposure by frequent dressings.

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Antiphlogistine should be applied thick and hot and well protected by suitable covering.

H. R. H. the Duchess of Connaught has written to the school children of Vancouver, thanking them for their generous act in contributing to the Victorian Order of Nurses. "At some future time in your lives," said Her Royal Highness, "you may be glad to have these nurses near you to look after yourselves or your families. You will then be able to remember that by this charitable act in your early youth you helped me personally in my effort to enlarge the field of usefulness of this order of nurses."

MARRIAGES.

Thompson-Ward—At Wardsville, Ont., on October 9th, Miss Margaret Ward, Graduate of Toronto Western Hospital, Class '08, to Mr. Oscar Thompson, of Trenton, Ont.

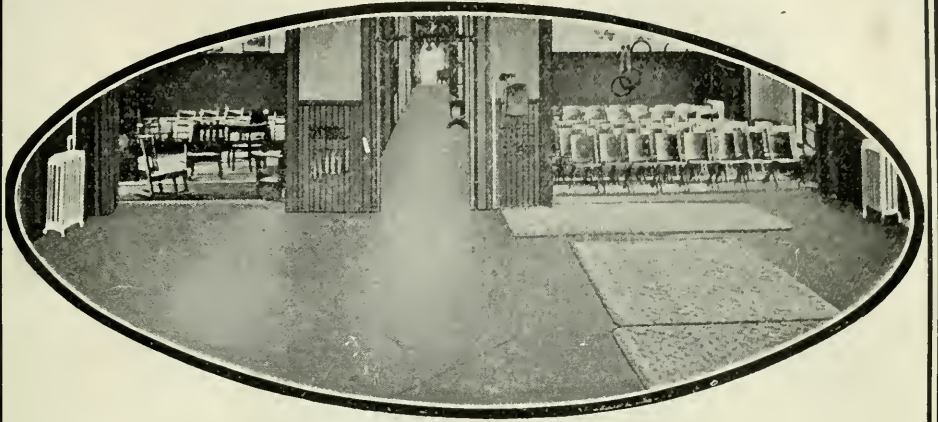
Sauder-Brandon—On September 19th, 1912, at Cannington, Miss Alice Louise Brandon, Graduate of St. Michael's Hospital, Class '09, to Mr. Melvin Sauder, of Vancouver, B.C. Mr. and Mrs. Sauder will be at home after October 1st at 2243 6th Ave. East, Vancouver.

Davidson-Motherwell—At St. Mary's Church, Sorrento, B.C., on October 17th, Miss Mary Motherwell, who has been in charge of the Mission Hospitals at Van Anda and Alert Bay, to Campbell Davidson, M.D., son of Hon. C. C. Davidson, Chief Justice of the Superior Court, Montreal.

Woodside-Cade—On November 5th, at Cowan Ave., Toronto, Miss Florence Lillian Cade, Graduate of City Hospital, Youngstown, Ohio, Class '05, and late Superintendent of the General Hospital, Port Arthur, Ont., to Mr. James Hartley Woodside, of Port Arthur.

BIRTH.

Lane—At the Englehart Private Hospital, West Toronto, on October 26th, to Rev. D. and Mrs. Lane, of Cookstown, Ont., a daughter. Mrs. Lane (nee Huck) is a Graduate of Toronto Western Hospital, Class '09.



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- The Canadian National Association of Trained Nurses. — President, Miss Mackenzie, Ottawa; Secretary, Mrs. Fournier, Gravenhurst, Ont.
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- The Canadian Nurses' Association, Montreal.—President, Miss Phillips; Cor. Secretary, Miss Fortescue, 611 The Lindsay Bldg., St. Catherine St.
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- The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.
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- The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Mrs. R. W. R. Armstrong.
- The Ottawa Graduate Nurses' Association. — President, Mrs. Ballantyne; Secretary, Miss C. A. Tewar, Isolation Hospital.
- The Fergus Royal Alexandra Hospital Alumnae Association.—President, Miss Lloyd; Sec., Miss North Harriston.
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- The Montreal Royal Victoria Hospital Alumnae Association. — President, Miss Grant; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.
- The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Sec.-Treas., Mrs. J. G. Smith.
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- The Toronto Hospital for Sick Children Alumnae Association.—President, Miss L. L. Rodgers; Cor. Sec., Miss C. Cameron, 207 St. Clarens Ave.
- The Toronto Riverdale Isolation Hospital Alumnae Association. — President, Miss Mathieson; Secretary, Miss Annie Day, 86 Maitland St.
- The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Connor; Secretary, Miss O'Meara, 596 Sherbourne St.
- The Toronto Western Hospital Alumnae Association.—President, Mrs. MacConnell; Cor. Sec., Miss Lucy Bowling, 77 Winchester St.
- The Winnipeg General Hospital Alumnae Association. — President, Miss Hood; Secretary, Miss M. F. Gray, General Hospital.
- The Vancouver Graduate Nurses' Association.—President, Miss Hall; Secretary, Miss Ruth Judge, 811 Thurlow St.
- The Vancouver General Hospital Alumnae Association.—President, Miss J. G. Hart; Secretary, Miss M. Wilson, 675 Twelfth Ave. W.
- The Victoria Trained Nurses' Club.—President, Miss G. H. Jones; Secretary, Miss H. G. Turner.
- The Florence Nightingale Association, Toronto.—President, Miss M. A. McKenzie; Secretary, Miss J. C. Wardell, 113 Delaware Ave.
- Nichol's Hospital Alumnae Association, Peterboro. — President, Miss Dixon; Secretary, Miss B. Mowry, Supt. Queen Mary Hospital.
- The Canadian Public School Nurses' Association. — President, Miss L. L. Rogers, R.N.; Secretary, Miss E. M. Macallum, 169 Carlton St., Toronto.



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Number of Beds—Forty-five.

Graduate Nurses on Staff—Three.

Pupil Nurses—Eleven.

Term of Training—Two years.

Branches of Training—Medical, Surgical, Obstetrical, Course in Dietetics by Graduate of Lillian Massey School.

Affiliations—None, but graduates are encouraged to take post-graduate work in branch preferred.

ALBERTA.

Hospital—The General, Edmonton.

Established—1894. Registered—Edmonton, 1894.

Superintendent of Hospital and Nurses—Sisters of Charity.

Number of beds—One hundred.

Graduate Nurses on Staff—Ten.

Pupil Nurses—Twenty-two.

Term of Training—Two and a half years.

Branches of Training—Medical, Surgical, Obstetrical.

Hospital—Royal Alexandra, Edmonton.

Established—1900. Registered—Edmonton, 1900.

Superintendent of Hospital and Nurses—H. B. Tairservice.

Number of beds—One hundred and twenty-two.

Graduate Nurses on Staff—Eight.

Pupil Nurses—Forty-four.

Term of Training—Three years.

Branches of Training—Medical, Surgical, Obstetrical.

Hospital—Isolation, Edmonton.

Established—1907. Registered—Edmonton, 1907.

Superintendent of Hospital—Dr. T. H. Whitelaw.

Superintendent of Nurses—J. Macdonald.

Number of beds—Sixty.

Graduate Nurses on Staff—Five.

Pupil Nurses—Three.

Term of Training—Four months, Post Graduate.

Hospital—Stratheona General, Stratheona.

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